

ShareNet Volunteer Application form

It is important to PRINT CLEARLY

Today's Date: _____

First Name _____ Last Name _____

Street Address _____ PO Box, if any _____

City, State & Zip _____

Home Phone (____) _____ Alternate Phone (____) _____

Email Address _____

Availability: Check the days and hours that you are available for volunteer assignments.

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Saturday mornings | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Saturday afternoons | _____ |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Saturday evenings | _____ |

Area of Interest: Tell us what you'd enjoy doing.

- | | | |
|---|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Website assistance |
| <input type="checkbox"/> Computer work | <input type="checkbox"/> Food or item pick up | <input type="checkbox"/> Fall school supplies |
| <input type="checkbox"/> Food Bank | <input type="checkbox"/> Newsletter help | <input type="checkbox"/> Christmas gift shop |
| <input type="checkbox"/> Thrift Shop | <input type="checkbox"/> Summer meal program | <input type="checkbox"/> Retail experience/pricing/merchandising |

Special Skills: Tell us about special abilities from experience, volunteering, or employment you think might be helpful at ShareNet.

Previous Volunteer Experience: Summarize any previous volunteer experience—*where* and *what* you did.

In Case of Emergency: Tell us whom to notify in case of emergency.

First Name _____ Last Name _____ Relationship _____

Street Address _____ PO Box, if any _____

City, State & Zip _____

Home Phone (____) _____ Alternate Phone (____) _____

Email Address _____

Over, please ☺

Our Policy:

Thank you for your interest in volunteering at ShareNet. We appreciate your desire to work together with us!

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Agreement and Signature:

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I authorize ShareNet to perform a background check through the WATCH Program (Washington Access to Criminal History).

Printed Name: First: _____ Middle Initial: _____ Last: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Female Male

Signature: _____ Date: _____

Please provide three references of people you have known in various capacities: employment supervisor, co-worker, volunteer, etc.

Name _____ Relationship _____

How long have you known them? _____ Phone Number _____

Name _____ Relationship _____

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Name _____ Relationship _____

How long have you known them? _____ Phone Number _____

ShareNet

Location: 26061 United Road, Suite A
(Cutting Edge Business Park)
Kingston, WA 98346
Mail: PO Box 250, Kingston, WA 98346

