



360-297-2266 ♦ 26061 United Rd. NE, Ste. A ♦ Mail to: PO Box 479 ♦ Kingston, WA 98346

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Dear Volunteer Candidates:

We appreciate your interest in volunteering for ShareNet, and look forward to a successful working relationship!

Please review the application thoroughly before submitting. To ensure the safety of our workplace and those we serve, a Washington State Criminal Background check is performed on every person who submits a volunteer application. We will need a copy of your picture id in order to process your application.

Disqualifying events include but are not limited to any felony charge. Events may be considered on a case by case basis after 7 years clearance from the conviction date. In every case, application approval is at the sole discretion of the ShareNet board and decisions are considered final.

We ask that you understand these steps are necessary for healthy operations, and that you not submit an application if you have a disqualifying event as each application requires administrative time and cost.

Sincerely,

ShareNet Food Bank



**ShareNet Volunteer Application Form**

TS\_\_\_\_ FB\_\_\_\_ Either\_\_\_\_

Please **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 would 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 |

When would you be available to attend Volunteer Orientation? Please specify days and time.

\_\_\_\_\_

\_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## 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.

|                   |                           |
|-------------------|---------------------------|
| <b>Name</b> _____ | <b>Relationship</b> _____ |
|-------------------|---------------------------|

|                                     |                    |
|-------------------------------------|--------------------|
| How long have you known them? _____ | Phone Number _____ |
|-------------------------------------|--------------------|

|                   |                           |
|-------------------|---------------------------|
| <b>Name</b> _____ | <b>Relationship</b> _____ |
|-------------------|---------------------------|

|                                     |                    |
|-------------------------------------|--------------------|
| How long have you known them? _____ | Phone Number _____ |
|-------------------------------------|--------------------|

|                   |                           |
|-------------------|---------------------------|
| <b>Name</b> _____ | <b>Relationship</b> _____ |
|-------------------|---------------------------|

|                                     |                    |
|-------------------------------------|--------------------|
| How long have you known them? _____ | Phone Number _____ |
|-------------------------------------|--------------------|

In Case of Emergency: Please indicate who we should notify in case of an emergency.

|                         |                           |                        |
|-------------------------|---------------------------|------------------------|
| First Name _____        | Last Name _____           | Relationship _____     |
| Street Address _____    |                           | P.O. Box, if any _____ |
| City, State & Zip _____ |                           |                        |
| Home Phone ( ) _____    | Alternate Phone ( ) _____ |                        |
| Email Address _____     |                           |                        |