

All Squires Volunteers are required to:
Submit a Volunteer Application
Successfully complete a background check
Interview with a Volunteer Coordinator



Staff Use Only
Date Received: _____
Program: _____
Supervisor: _____

Volunteer Application Form & Agreement

General Information

Please include at least one phone number where we can reach you during business hours and an email address that you check frequently. Your information is confidential.

First Name Middle Name Last Name

Street Address City State Zip

Home Phone: (____) _____ Okay to Call me here
Work Phone: (____) _____ Okay to Call me here
Cell Phone: (____) _____ Okay to Call me here Okay to Text me here

Email: _____

Preferred Method of Contact: Email Phone Text

Date of Birth: ____/____/____ (mo/day/year) Age: _____ Gender: _____

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White Other _____

Emergency Contact Information

We will attempt to contact the following person in the event of a personal emergency.

First Name Middle Name Last Name

Street Address City State Zip

Day Phone: (____) _____ Evening Phone: (____) _____

Cell Phone: (____) _____ Relationship: _____

Physical Capabilities or Limitations

Do you have any physical limitations (difficulty standing, lifting, hearing, etc.) that we should be aware of?

If so, please describe briefly:

Availability

Please indicate the days and time periods that you are generally available to serve. You may provide additional information regarding your availability in the space below.

| | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morning: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The dates I am available are:

FROM: _____ TO: _____ Ongoing Commitment

Education: _____

Major Degree: _____

Occupation

If you are currently employed, please give the name and address of your company or business.

If you are NOT currently employed, please indicate if you are a student, retired, etc... in the first box. You do not need to duplicate your own contact information.

Employer/Company Name Supervisor First & Last Name

Street Address City State Zip

Phone: (____) _____ Website: _____

Position you are applying for: Volunteer Mentor Counselor Speaker Other _____

How did you learn about Squires? _____

Why are you interested in this position? _____

Professional Skills and /or Special Abilities

Please indicate any of the following skills or abilities that you possess. (Professional experience is not required.) If you have other skills or abilities that might be valuable in Squires operations, please list them in the space provided.

- | | | |
|--|--|--|
| <input type="checkbox"/> Acting | <input type="checkbox"/> Editing/Proofreading | <input type="checkbox"/> People Skills |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Electrician | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Filing | <input type="checkbox"/> Sight Guide/Visually Impaired |
| <input type="checkbox"/> Artistic Abilities | <input type="checkbox"/> Food Service | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> CDL (w/passenger endorsement) | <input type="checkbox"/> Foreign Language (list below) | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Clerical/Office | <input type="checkbox"/> Landscaping/Grounds | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Construction/Fabrication | <input type="checkbox"/> Maintenance/Repair | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Data Entry/Keyboarding | <input type="checkbox"/> Mechanic (specify below) | |

Additional skills or abilities: _____

Personal References

List two non-family references who have known you for at least one year. Please provide at least one phone number for each reference.

Reference One:

| | | |
|------------------------------|---------------------|---------------|
| _____ | _____ | _____ |
| First Name | Last Name | Title |
| _____ | _____ | _____ |
| City | State | Email Address |
| Contact Number: (____) _____ | Relationship: _____ | |

Reference Two:

| | | |
|------------------------------|---------------------|---------------|
| _____ | _____ | _____ |
| First Name | Last Name | Title |
| _____ | _____ | _____ |
| City | State | Email Address |
| Contact Number: (____) _____ | Relationship: _____ | |

Volunteer Agreement

Initial Here: _____

As a volunteer for Squires I agree to give time and services without financial compensation. In addition, I will not accept monetary gifts from Squires clients. I am committed to assist Squires in its mission, to enrich services to others, and to provide personalized assistance. (Continued on next page)

By this agreement I assume certain responsibilities:

RESPONSIBILITIES:

1. To work in a professional manner.
2. To keep confidential matters confidential.
3. To immediately report abuse or signs of abuse (if observed) to an Impact Northwest staff member.
4. To inform my Supervisor or the Community Involvement Manager (or staff person when applicable) when I am unable to volunteer at the arranged times due to illness or emergency.
5. To be in on-going communication with the Volunteer Coordinator or Community Involvement Manager
6. To promptly submit the required reports of volunteer hours performed.

I acknowledge that my image, picture, and likeness may be photographed and/or recorded to be included in Squires various promotional materials. Squires shall own all rights, title and interest, including the copyright, in and to any photos or recordings made. By my presence as a volunteer, I grant my permission for my likeness and voice to be used by Squires without compensation, credit or other consideration.

Background Check Information

Initial Here: _____

I certify that the information in this Volunteer Application is true, correct and complete to the best of my knowledge. I authorize Squires to verify any and all information I provided by contacting appropriate sources. I understand that for the protection of visitors, volunteers and staff, all adults (age 18 and up) must voluntarily authorize a background check and I hereby authorize such background check. For anyone under 18 years of age, parents or legal guardian will voluntarily submit to a background check.

Do you know of any reason(s) that you might not be able to obtain a clear background check? Yes No
If yes, please explain briefly.

Have you lived outside of the states of Washington or Oregon in the last 5 years? Yes No

Will you be driving on behalf of Squires? Yes No

If Yes:

Driver's License Number & Issuing State Insurance Company & Policy Number

Have you been arrested for a crime for which there has not been an acquittal or dismissal? Yes No

Have you ever been convicted of any crime except for minor traffic violations? Yes No

Waiver and Release of Liability

Initial Here: _____

I hereby waive any right or cause of action arising as a result of my participation in Squires volunteer projects, including transportation if provided, from which any liability may or could accrue against Squires or the staff, volunteers, or clients, collectively or individually. (Continued on next page)

Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities for Squires volunteer projects & positions. My signature to this volunteer liability release attests to my intent to hold harmless and release from all liability Squires or any of its staff, volunteers, or clients, from all acts which are related to the normal performance of required and implied duties.

Volunteer Confidentiality Agreement

Initial Here: _____

Information about Squires clients, their families and their personal lives should be kept confidential. Anything the client shares with you cannot be shared with your friends, family or associates without permission from the client. This also includes not speaking to other professionals (including school counselors, therapists, and teachers, among others) about Squires clients without first obtaining a release of information from the Volunteer Coordinator or Community Involvement Manager. By signing this form, you agree to respect their privacy.

The following reasons are the only exceptions to this rule:

- **In a medical emergency** you may provide information to the medical personnel who will be dealing with that emergency, only to the extent necessary to meet that emergency.
- **If you suspect or know of any child, elder, or person abuse or neglect** you must report it to Squires staff within 24 hours. Squires staff will report the information to the appropriate protective services.
- **To prevent an immediate act of violence** you must call 911.

If any of these situations occur, it is important that you notify your supervisor or appropriate person(s) as soon as possible.

By initialing where indicated and signing below, I understand that I am indicating my agreement with the terms of this application and all four preceding sections.

Signature

Date

Guardian Signature (if Minor)

Printed Name

Date