



## Volunteer Application

Today's Date: \_\_\_\_\_

**Please Print Legibly**

First Name					MI		Last Name			
Preferred Pronouns				Gender Identity				Sexual Orientation		
Street Address							Apt/ Unit #			
City				State				Zip Code		
Date of Birth				Contact Phone #				Contact Email		
Have you ever been convicted of a felony?				*Yes No		*If you answered "yes", prior to volunteering, you must make an appointment with Executive Director to discuss.				
Emergency contact name							Emergency contact Phone #			
Please list any languages spoken fluently in addition to English										
<b>AVAILABILITY</b> - Indicate the day by entering the times below you are available to volunteer next to the day.										
Monday:			Tuesday:				Wednesday:			
Thursday:			Friday:				Saturday:			
Realistically, how many hours can you volunteer:										
Per Week:			Per Month:			Other(please indicate):				
Do you need any reasonable accommodations for a disability?				*Yes No		*If yes, please set up a time with a staff member to determine if a reasonability accommodation can be met prior to volunteering.				
Employment Status					If employed, provide your work contact number and/ or email address					
Profession or last profession held										
If applicable, list any degrees or current professional certifications or licensures you hold.										



How did you hear about *Generations Aging with Pride*? (Check all that apply and explain as indicated).

Facebook      Websearch      Newspaper/Magazine      Twitter

A Friend (please list your friend's name and email if you have it so we may thank them):

Other (please tell us where you heard about us):

Please list and describe any volunteer experiences that you feel may be relevant to *Generations Aging with Pride*.

What skills and expertise do you feel you would bring to *Generations Aging with Pride*?

Why are you interested in volunteering with *Generations Aging with Pride*?



## BACKGROUND CHECK

Some volunteer positions may require a background check. If this is the case, as part of the screening process, we will ask you to complete a consent form and a criminal record check will be submitted to the State. *Generations Aging with Pride* will initiate the request. If you are not resident of Washington State or resided here for at least 5 years, you will need to have a background check from the last state you were a resident which may have a cost associated with obtaining the check.

## AUTHORIZATION

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with *Generations Aging with Pride*.

I Agree

I do not agree

## CONFIDENTIALITY AGREEMENT

In signing this agreement, I acknowledge that I have read and understand the following *Generations Aging with Pride* confidentiality policies. I understand and agree that in the performance of my duties as a volunteer of *Generations Aging with Pride* I must hold information regarding clients, employees, volunteers and financial records in the strictest confidence. A breach of confidentiality may be grounds for termination of volunteer service.

I Agree

I do not agree

## LIABILITY RELEASE

I hereby release, indemnify and hold harmless *Generations Aging with Pride*, its officers, directors and employees, and the organizers, sponsors and supervisors. Additionally I hold them harmless from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with *Generations Aging with Pride*.

I Agree

I do not agree

## SIGNATURE

Thank you for your interest in the *Generations Aging with Pride*. The information you provide on the application will help us to appropriately match you with a volunteer opportunity. All of the information you provide will remain confidential.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please do a "Save as" and name the file with your first and last name. Send the file in an email with the subject "Volunteer Application" to [info@gapseattle.org](mailto:info@gapseattle.org)**