



GENERATIONS AGING *with* PRIDE

Dear Potential Volunteer:

Thank you for your interest in volunteering for Generations Aging with Pride volunteer. To help us to get a better picture of you, your experience and talents, we appreciate you completing the attached form and returning it.

Here are some helpful hints in completing the Volunteer Application

- **What Pronoun do you prefer:** For example: She/Hers, He/Him, They/Them .
- **Gender Identity:** Please indicate of the following that which most closely identifies your gender identity.
 - Cisgender Woman or Cisgender Man (You identify with the gender you were assigned at birth)
 - Transgender Man or Transgender Woman
 - Gender Fluid
 - Gender Non-Conforming
 - Two-Spirit
- **Sexual Orientation:** Please indicate one of the following that most closely identifies your sexual orientation or “other” and explain.
 - Lesbian
 - Gay Male
 - Gay Female
 - Bisexual
 - Heterosexual (Straight)
 - Pansexual
 - Queer
 - Two Spirit
 - Other
- **Employment Status:** Please indicate one of the following that most closely describes your employment status.
 - Employed
 - Unemployed
 - Retired

You can either scan your application, saving it in a pdf format with your First Name and Last Name (JaneDoe.pdf) and send to info@gapseattle.org, or send a printed copy to Generations Aging with Pride at PO Box 23123, Seattle, WA 98102-0423.



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Volunteer Application

Today's Date: _____

Please Print Legibly

VOLUNTEER INFORMATION						
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 <input type="checkbox"/>	*If you answered "yes", prior to volunteering, you must make an appointment with Executive Director to discuss.			
		No <input type="checkbox"/>				
Emergency contact name				Emergency contact Phone #		
Please list any languages spoken fluently in addition to English						
AVAILABILITY - 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 a reasonable accommodation?		*Yes <input type="checkbox"/>	*If yes, please set up a time with a staff member to determine if a reasonability accommodation can be met prior to volunteering.			
		No <input type="checkbox"/>				
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.						



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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: _____