



Helping People. Changing Lives.



620 Lewis St. Wenatchee, WA 98801 Phone (509) 662-6156 Fax (509) 662-1737 www.cdca.org

VOLUNTEER APPLICATION

Thank you for volunteering! Chelan-Douglas Community Action Council (CDCAC) relies on volunteers like you to help serve our community. Please fill out the application to the best of your ability and **return it to our office during normal business hours** (8am-5pm Monday – Thursday; 8am-4pm Friday).

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Date of Birth: ____/____/____ Languages Spoken: _____

Emergency Contact Name: _____

Emergency Contact: _____

Phone

Email

How do you prefer to be contacted: Phone Email No Preference

Position/Program you are applying for (if known): _____

How did you hear about us: _____

Why do you want to volunteer?

Have you previously volunteered with CDCAC? If so, in what capacity?

What are your interests as a volunteer (check all that apply)?

Event Help

Planning Fundraising Marketing Helping hand on event day

Food Bank

Transporting donated food Loading/unloading food Warehouse clean-up

Arranging food for transportation

Green Bag Program

Donate Food Transport bags of food to warehouse (every 2 months)

Community Treasures

Use social media to market and sell items

Make appointments for donations and decide what to accept

Literacy Council/ Adult Tutoring

Complete 8 hr. training then teach twice a week for 1.5 hours each

Publicity/Fundraising

Organizational Outreach

Represent CDCAC at Special Events

Other (please specify) _____

Please list any skills, education, and/or experience you have that would equip you to volunteer with CDCAC:

Please list any additional info you'd like us to know about you:

What days/times are you available to volunteer?

Please list any references we may contact:

Reference Name: _____ **Reference Phone:** _____

Reference Email: _____

Reference Name: _____ **Reference Phone:** _____

Reference Email: _____

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Before beginning service, a CDCAC staff member will need to verify your identity. Please bring a valid form of identification with you when you return this application.

Identification Verification (for administrative use only)		
Form of identification reviewed by CDCAC staff: _____		
Expiration date of ID: _____		
Name (as shown on ID): _____		
Last	First	Middle
Previous names (Including maiden names): _____		
Date of birth: _____ Gender: _____		
Initials of CDCAC staff: _____ Date reviewed: _____		

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Parent/Guardian Consent (Only for Applicants Younger than 18 Years Old):

As the parent of the above-mentioned volunteer, I give my permission for her/him to volunteer with CDCAC. I understand that youth under the age of 18 MUST be accompanied by an adult at all times. I also understand CDCAC is in no way liable or responsible for any damage, accident, or injury resulting from volunteering.

By providing and completing the information below, I certify that such information is true. I further understand and acknowledge that any falsifications or misrepresentations may result in termination of the consent by CDCAC and that anyone making such falsifications or misrepresentations may be subject to criminal penalty.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: __/__/____

Parent/Guardian Phone: _____ Parent/Guardian Email: _____

Photo Release

We occasionally take photos of volunteers to use on our Facebook page, on our website, in reports to donors, and in other publications. **Are you willing to give permission to the CDCAC to use my photograph and/or name in its publications and presentations?**

Yes No

Signature: _____ Date: __/__/____

Parent/Guardian Signature: _____ Date: __/__/____