





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

Address:			
City:		Stat	e: ZIP:
Phone:	_ Email:		
Date of Birth:/	Languages S	poken:	
Emergency Contact Name:			
Emergency Contact:			
Phon			Email
How do you prefer to be contacted:	☐ Phone	☐ Email	☐ No Preference
Position/Program you are applying for	or (if known): _		
low 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 expector CDCAC:	erience you have that would equip you to volunteer with
Please list any additional info you'd like us t	o know about you:
What days/times are you available to volun	teer?
Please list any references we may contact:	
Reference Name:	Reference Phone:
	Reference Email:
Reference Name:	Reference Phone:
	Reference Email:

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#### Agreement:

Chelan-Douglas Community Action Council is in no way liable or responsible for any damage, accident, or injury resulting from volunteering.

I certify that I am at least 18-years-old OR that if I am under 18, my parent/legal guardian approves this application and will be present at my interview.

The Chelan Douglas Community Action Council also requires specific criminal history checks of all individuals performing program work to ensure that community members with whom we work are protected. Keep in mind that having a criminal record does not automatically disqualify you from volunteering with the CDCAC.

These checks will include a search of the National Sex Offenders Public Registry, Washington State Patrol check, and a check in the state of your residence (if outside Washington). You will not be permitted to serve with the CDCAC until these checks are completed and the results have been reviewed and cleared.

### 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.
- ✓ I understand that the Chelan Douglas Community Action Council will complete a criminal background check; including NSOPR and state checks.
- ✓ I understand that the results of these checks will be provided to and maintained by Chelan Douglas Community Action Council and shared in the case of an audit.
- ✓ I understand that, upon written request, I may be provided a copy of the criminal history report
- ✓ I understand that I may dispute any false statements made in the report that result in adverse action taken against placing me as a volunteer.

Volunteer's Name (Printed):				
	First	Middle	Last	
State of Residence:				
Signature:		Date:		

Before beginning service, a CDCAC staff member will need to verify your identity. Please bring a valid form if 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 review	wed:		

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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:	<del></del>
Parent/Guardian Signature:	Date://
Parent/Guardian Phone: Parent/Guardian Emai	il:
Photo Release	
We occasionally take photos of volunteers to use on our Facebook donors, and in other publications. Are you willing to give permissic photograph and/or name in its publications and presentations?	
☐ Yes ☐ No	
Signature:	Date://
Parent/Guardian Signature:	Date://