



Helping People. Changing Lives.



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). Please be sure to have a staff person review your ID and confirm on the attached *Identification Verification* page.

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 Event day help

Food Distribution Center

Transport donated food Load/unload food Warehouse clean-up

Arrange food for transportation

Green Bag Program

Donate food Transport food to warehouse (every 2 months) Sort food for delivery

Literacy Council/Adult Tutoring

Complete online tutor training and then teach English twice a week for 1.5 hours each (bilingual not necessary)

Publicity/Outreach

Fundraising

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?

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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 volunteer service, a Chelan-Douglas Community Action Council (CDCAC) representative will need to verify your identity. Please bring a valid form of identification with you when you return your volunteer 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: __/__/____