

STILLAGUAMISH SENIOR CENTER VOLUNTEER APPLICATION

18308 SMOKEY POINT BLVD, ARLINGTON, WA 98223 PHONE 360-653-4551 Website: www.stillycenter.com

LAST NAME:	FIRST NAME:	M.																																																															
Present Street Address:		City:	State: Zip Code:																																																														
Home Telephone Number:	Cell number:	Email Address:																																																															
Education: <u>Please Indicate the Highest Grade Completed</u> <table style="width: 100%; text-align: center;"> <tr> <td colspan="8"><u>Grammar School</u></td> <td colspan="4"><u>High School</u></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td> <td>9</td><td>10</td><td>11</td><td>12</td> </tr> </table> <table style="width: 100%; text-align: center;"> <tr> <td colspan="4"><u>College</u></td> <td colspan="4"><u>Graduate</u></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> </table>		<u>Grammar School</u>								<u>High School</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	10	11	12	<u>College</u>				<u>Graduate</u>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	3	4	1	2	3	4	You must be a citizen of the U.S.A. or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation prior to placement? <table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%;"><input type="checkbox"/> yes</td> <td style="width: 50%;"><input type="checkbox"/> no</td> </tr> </table> How did you hear about us? _____ What do you hope to gain from your volunteer experience? _____		<input type="checkbox"/> yes	<input type="checkbox"/> no
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Are there any physical conditions we should consider in arranging volunteer assignments for you? Yes _____ No _____
 If yes, please specify _____

EMERGENCY CONTACT Name _____ PHONE _____

What type of commitment (in terms of months) could you give us? _____

Would you prefer a set schedule or only for special projects? _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM	AM	AM	AM	AM	AM	CLOSED
PM	PM	PM	PM	PM	PM	CLOSED

If you are able to speak fluently, or read or write a language other than English, please list the language (s):

Speak Fluently: _____ Read: _____ Write: _____

Speak Fluently: _____ Read: _____ Write: _____

Have you ever been convicted of a felony? YES _____ NO _____

Have you ever been fired or forced to resign from previous volunteer appointment or employment? YES _____ NO _____

(If so, please explain) _____

Do you have a State of WA driver's license? YES _____ NO _____ (IF no, Washington State ID#) _____

DRIVER'S LICENSE # _____ Place of Birth _____

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