



STILLY VALLEY 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: Please Indicate the Highest Grade Completed <table border="1"> <tr> <td colspan="4">Grammar School</td> <td colspan="4"></td> <td colspan="4">High School</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 border="1"> <tr> <td colspan="4">College</td> <td colspan="4">Graduate</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>						Grammar School								High School				1	2	3	4	5	6	7	8	9	10	11	12	College				Graduate				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 border="1"> <tr> <td>yes</td> <td>no</td> </tr> </table>			yes	no
Grammar School								High School																																										
1	2	3	4	5	6	7	8	9	10	11	12																																							
College				Graduate																																														
1	2	3	4	1	2	3	4																																											
yes	no																																																	
How did you hear about us? _____																																																		
What do you hope to gain from your volunteer experience? _____																																																		

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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Please check the area(s) and type(s) of volunteer work that interests you:

- Thrift store
- Kitchen / Friday dining room helpers
- Advisory council (elected position)
- Board (elected position)
- Stilly singers
- Bingo
- Housing volunteers (Stilly Apts)
- Office help
- Reception
- Chicken dinner
- Drivers
- Food room / food bank
- Nurse
- Foot clinic
- AARP Taxes
- Gardening / maintenance
- Fundraising
- Librarian
- Raffles
- Class instructors

PERSONAL SKILLS TO USE OR TEACH:

- Gardening
- Entertainment
- Exercise
- Crafts
- Drawing
- Painting
- Dance
- Tour Guide
- Sewing
- Musical Instruments
- Cooking / Baking
- Computer
- Handyman Repairs
- Cultural Activities
- Brewing
- Karaoke
- Other _____

Past Work Experience:

APPLICANT OF INQUIRY FOR BACKGROUND CHECK FOR CRIMINAL HISTORY

Applicant Name(s):

Last	First	Middle
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Alias/ Maiden Name(s):

Last	First	Middle
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Date of Birth:	Sex:	Race:
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Signature of Applicant:	Date
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