



VOLUNTEER APPLICATION 2025

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

Last Name:		First Name:		M. I.:									
Present Street Address:			City:	State:	Zip Code:								
Home Telephone Number:		Cell number:		Email Address:									
Education: Please circle the highest level of education completed: <table border="0"> <tr> <td><u>Grammar School</u></td> <td><u>High School</u></td> </tr> <tr> <td>1 2 3 4 5 6 7 8</td> <td>9 10 11 12</td> </tr> <tr> <td> <u>College</u></td> <td> <u>Graduate</u></td> </tr> <tr> <td>1 2 3 4</td> <td>1 2 3 4</td> </tr> </table>			<u>Grammar School</u>	<u>High School</u>	1 2 3 4 5 6 7 8	9 10 11 12	 <u>College</u>	 <u>Graduate</u>	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? YES ___ NO ___ How did you hear about us? _____ What do you hope to gain from your volunteer experience? _____		
<u>Grammar School</u>	<u>High School</u>												
1 2 3 4 5 6 7 8	9 10 11 12												
 <u>College</u>	 <u>Graduate</u>												
1 2 3 4	1 2 3 4												

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: _____



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

Thrift store

- Donation Assistant
- Pricing Assistant
- Clothing Sorters

General Center

- Office help
- Reception
- Drivers
- Food room
- Gardening
- Maintenance
- Class instructors
- Kitchen

Board Members

- Board of Directors
(Elected position)
- General Members
(Elected by Board of Directors)

PERSONAL SKILLS
TO USE OR TEACH:

- Gardening
- Entertainment
- Exercise
- Crafts
- Art
- Dance
- Sewing
- Musical Instruments
- Cooking / Baking
- Computer
- Handyman Repairs
- Cultural Activities
- Karaoke
- Other

APPLICANT OF INQUIRY FOR BACKGROUND CHECK FOR CRIMINAL HISTORY

Applicant Name:

Last: _____ First: _____ Middle: _____

Date of Birth: _____ Sex: _____ Race: _____

Signature of applicant: _____ Date: _____

Alias/ Maiden:

Last: _____ First: _____ Middle: _____