**Volunteer Application**

Thank you for your interest in volunteering! Some questions are done for grant or funding purposes. Others are done due to the nature of our volunteering with a vulnerable population. ***If you have any questions, please call Klickitat County Senior Services at 509-773-3757 and ask for Volunteer Coordinator or email*** [***isaiasg@klickitatcounty.org***](mailto:isaiasg@klickitatcounty.org)***.***



**Personal Information**

1. First and Last Name
2. "Nickname"
3. Date of birth

*Example: January 7, 2019*

1. Phone Number
2. Address, City, State and Zip code
3. Email
4. Do you have a disability?

*Mark only one oval.*

Yes No

1. Have you served in the military?

*Mark only one oval.*

Yes No

1. What year and what branch did you serve in the military?
2. Ethnicity (Optional, this is for grant purposes)

*Check all that apply.*

Asian Caucasian

African-American

Native Hawaiian or another Pacific Islander Hispanic

Native American or Alaskan Native Bi-Racial

Other:

1. Emergency Contact First and Last Name
2. Emergency Contact Phone #
3. Emergency Contact Address, City, State, and Zip code

**References**

1. Please list 3 references and their phone numbers (no relatives please)

**Background**

If the volunteer position you are applying for will require you to have unsupervised access to a vulnerable adult, you will be required to have a Criminal Background Check performed before you begin your volunteer position. Klickitat County Senior Services will require an updated Criminal Background Check every 2 years.

1. Will you agree to submit to a Criminal Background Check?

*Mark only one oval.*

Yes No

Driving is a function that requires a copy of your Driver's License and current vehicle insurance coverage.

**Driving License**

1. Do you have a driver’s license?

*Mark only one oval.*

Yes No

1. Driver’s License #
2. State of issuance

**Experience**

1. What volunteer experience do you have?
2. What employment experience do you have?

**I am interested in volunteering for the following**:

You may choose more than one option. It may seem long but it helps with pairing you with the right volunteer opportunity.

***Volunteer Driver with MT. Adams Transportation***

1. Check yes or no

*Mark only one oval.*

Yes No

***Meals on Wheels and Congregate Meals***

1. Availability (meals start getting delivered around 10 or 10:30am for the lunch hour)

*Check all that apply.*

Monday (White Salmon area) Tuesday (Goldendale area) Wednesday (White Salmon) Thursday (Goldendale)

***Phone Friend*** (Make regular phone calls to visit, socialize, reminisce, give information)

1. Availability

*Check all that apply.*

Daily Phone Calls 2-3 times a week 4-5 times a week As Needed

Other:

***Neighbor Friend***

Provide help filling out forms, help with correspondence. point in the right direction of where to find resources in the community, or translate.

1. Availability *Check all that apply.*

|  |  |  |
| --- | --- | --- |
| Day | PM | AM |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

***Visiting Friend***

1. Make regular visits in person to:

*Mark only one oval.*

Socialize/Visit Cooking or Baking Play Games or Cards

Help with mail or correspondence Read Books or Magazines

Reminisce/look through photos and memorabilia Take senior shopping or to run errands

Other:

***Lend A Hand Friend***

1. Schedule me as needed if available to help with:

*Check all that apply.*

Light yard work or gardening Light Housework

Pick up groceries or do shopping

Attend community events and help senior services (exhibits, fairs, group events or team volunteering)

Community Garden

Community Feeds either in Kitchen or Dining Room Other:

***Special Skills, Interests, & Hobbies***

1. Please list your skills, interests, and hobbies

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_