

## VOLUNTEER APPLICATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Nickname \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_

Are you a student? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, at which school: \_\_\_\_\_

Employer \_\_\_\_\_

Does Employer offer Employee Volunteer Hour Matching Program? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

I consent to SCF conducting a background check with WA State Patrol \_\_\_\_\_ Yes \_\_\_\_\_ No

Please check all areas of volunteer service that interest you:	Please check any special skills you have that might be applied toward your service with SCF:
<input type="checkbox"/> Administration / Office	<input type="checkbox"/> Graphic design
<input type="checkbox"/> Events	<input type="checkbox"/> Video production
<input type="checkbox"/> Century 21 Gallery	<input type="checkbox"/> Accounting
<input type="checkbox"/> Fundraising	<input type="checkbox"/> World's Fair history
<input type="checkbox"/> Technology	<input type="checkbox"/> Writing / Editing
<input type="checkbox"/> General	<input type="checkbox"/> Retail
<input type="checkbox"/> Marketing and media	<input type="checkbox"/> Web development
<input type="checkbox"/> Volunteer coordination	<input type="checkbox"/> Other: _____

Do you speak a language other than English? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which: \_\_\_\_\_

Volunteer availability (check all that apply):

\_\_\_ Monday, \_\_\_ AM and/or \_\_\_ PM

\_\_\_ Tuesday, \_\_\_ AM and/or \_\_\_ PM

\_\_\_ Wednesday, \_\_\_ AM and/or \_\_\_ PM

\_\_\_ Thursday, \_\_\_ AM and/or \_\_\_ PM

\_\_\_ Friday, \_\_\_ AM and/ \_\_\_ PM

\_\_\_ Saturday, \_\_\_ AM and/or \_\_\_ PM

\_\_\_ Sunday, \_\_\_ AM and/or PM

\_\_\_ I have a flexible schedule. I'm available \_\_\_\_\_

Please provide two volunteer service references:  
(Name, phone number, organization)

1. \_\_\_\_\_

2. \_\_\_\_\_

(If you have never volunteered before, please provide two personal references).

In case of an emergency, please notify:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Telephone \_\_\_\_\_

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

It is the policy of Seattle Center Foundation to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.