



VOLUNTEER APPLICATION (under 18)

NAME: _____ DATE: _____

PHONE: (day) _____ (eve) _____ (cell) _____

ADDRESS: _____ E-MAIL: _____

CITY/STATE/ZIP: _____ DATE OF BIRTH: ____/____/____

AVAILABILITY

How many hours per week do you see yourself potentially volunteering? _____ Start date: ____/____/____

During which times might you be available to volunteer?

weekday mornings weekday afternoons occasional weekday evenings occasional weekend days

Check here if you are doing community service hours Name of school: _____

Number of hours needed _____ Completion date _____

INTERESTS

- Sorting food
- Special events (food drives, farmers markets)
- Childcare as needed
- Administrative/Office work
- Website/social media
- Using your car to pick up/deliver food or other goods
- Fundraising
- Computer/data entry
- Graphic Design
- Marketing/Publicity

REFERENCES (Please provide **two** school, volunteer, sport, neighbor, or work-related references)

Name/relationship: _____ Phone: _____ Email: _____

Name/relationship: _____ Phone: _____ Email: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

Parent's signature: _____ Date: _____

Please send your application to Kat Johnson, FamilyWorks Volunteer Coordinator, 1501 N 45th St Seattle, WA 98103-6708, email: kathrynj@familyworksseattle.org, FAX: 206-694-6777, or call with any questions at 206-576-6534.

For staff use only: _____ Interview/Orientation _____ Start Date _____ End Date _____ Info entered into LGL?

Notes: _____