

VOLUNTEER CENTER *for* COWLITZ-WAHKIAKUM



Volunteer Enrollment Application

Please Print Legibly

1526 Commerce, Longview WA 98632
360-425-3430 Fax: 425-8724
lowercolumbiacap.org



Name _____ Phone _____ Cell _____

Mailing Address _____ City/State/Zip _____

Email _____ Birth date _____ Male ___ Female ___

Emergency contact _____ Phone _____

Beneficiary Name* _____ Phone _____

**Beneficiary Information is required for applicants 55 or older (due to the free Volunteers Insurance)*

If Bilingual, what language(s) do you speak? _____

Education/Training/Skills _____

Employment Experience _____

If currently volunteering, please provide details _____

Do you have physical/medical limitations? _____

<p>Are you applying to perform <u>court-appointed Community Service</u>? If yes, which court? ___ Cowlitz Superior</p> <p>___ Cowlitz District ___ Federal ___ Juvenile Other (explain) _____</p> <p><i>(Please Note: This application does not guarantee community service assignments will be available through the VCCW)</i></p>

Important Terms — Please Read Carefully

Applicants for the Volunteer Center for Cowlitz-Wahkiakum agree to the following terms:

- * Information provided in this application may be disclosed to organizations where I ask to volunteer
- * I will keep all information confidential related to clients, volunteers, other persons or organizations where I serve
- * As a volunteer I am not an employee of the VCCW, Lower Columbia CAP or agencies where I volunteer
- * I am under no obligation to accept or continue any volunteer assignment unless I choose to do so
- * I agree to provide the VCCW with my total hours of volunteer service each month
- * I certify that I carry at least the minimum automobile liability insurance required by law (if volunteering to drive)
- * I understand a criminal background check (WA State Patrol) is a mandatory part of the enrollment process
- * I understand photo identification will be requested during the interview process
- * I understand that an incomplete application will not be accepted or processed

Applicant Signature _____ **Date** _____

The Volunteer Center for Cowlitz-Wahkiakum reserves the right to deny an application

Office Use Only

Date received _____

Interview date _____

Determination _____

Notes _____

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Volunteering Preferences

Please check one or more preferences from this check list.
Also, please circle your preferences in each category .

Organization Preference:

- American Association of Retired Persons (AARP)**
*Tax Aide, Fraud Prevention Call Center,
55-Alive Driving Instructor*
- Animal Care and Assistance**
Walk, groom, feed/water, make blankets
- Arts, Theater, Galleries, Museums**
Musician, performer, usher, fundraising, woodcarving
- Building, Construction**
Small repairs, painting, clean-up, household chores
- Business**
Accounting, bookkeeping, administrative, clerical
- Church**
Clean, usher, lead groups, clerical duties
- Disaster Response-Red Cross**
- Driving**
*Delivering Meals on Wheels, Medicaid and doctor
appointment driving*
- Education**
*Tutoring, story-telling, after-school programs,
adult literacy, mentoring children/teens*
- Food Bank**
Pick up/deliver/sort food
- Hospital/Health Agency, Hospice**
*Greeting, clerical, fundraising, nursing home advocate,
knit/crochet/quilt baby blankets for newborns*
- Law Enforcement**
*Police Department, Satellite Station, Alley Gators,
fraud prevention*
- Library**
Book sorting, computer aide, research historic homes
- Outdoors**
*Environmental clean-up, lead hikes, gleaning, gardening,
trail building, mapping*
- Senior Center**
Hostess, bingo caller, fundraising, exercise instructor
- TV Studio**
Production help, clerical
- At Home**
*Phone calling, knitting, crocheting hats and lap robes,
cooking/baking*
- Non-Profit Agency**
*Mailings/labeling, fundraising, committee or board
member, telephoning*
- Other** _____

Volunteer Activity Level:

- One time only
- Special Events
- Regular Schedule
- Weekends Only
- No Preference

How Did You Hear About the Volunteer Center?

- CAP Website/Internet
- Newspaper
- Radio
- Television
- Volunteer Center Staff
- Friend/Family
- Volunteer Site
- Other _____

How Many Hours Would You Like to Volunteer Per Month?

- Up to 10
- 11-20
- 21-40
- 40+

Return this application form
completed and signed to:

**Volunteer Center for
Cowlitz-Wahkiakum
Lower Columbia CAP
1526 Commerce Avenue
Longview WA 98632**

anitah@lowercolumbiacap.org
Fax: 360-425-8724
If you have questions, please call
360-425-3430 Ext. 288

