

VOLUNTEER CENTER *for* COWLITZ-WAHKIAKUM

RSVP

Lead With Experience

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* _____ Address _____

**Beneficiary Information is required for applicants 55 or older (Volunteers Insurance purposes)*

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

Education/Training/Skills _____ Served in US Military? Yes ___ No ___

Employment Experience _____

If currently volunteering, please provide details _____

Do you have physical/medical limitations? _____

Insurance Information

RSVP (55+) excess auto liability insurance requires the following:

Driver's License# _____ **Auto Insurance Co.** _____

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 a driver
- * I understand a criminal background check (WA State Patrol) is a mandatory part of the enrollment process
- * I understand that an incomplete application will not be accepted or processed
- * I agree to notify RSVP staff within 24 hours of any accident that occurs during my volunteer service.
- * I agree to complete and return all insurance forms to RSVP within 7 days of claim.

Applicant Signature _____ **Date** _____

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

Office Use Only

Staff Initials _____ Start date _____

Station Assignment _____ 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 .

Volunteer Focus Areas/Needs

Healthy Futures

Meals On Wheels
Senior/Medical Transportation
HELP Warehouse, Food Banks
SHIBA Volunteer Insurance Counseling
School and Community Gardens
Free Clinic Interpreter

Education

Accelerated Reading Tutors, Kessler Elementary School
BUGS (Bringing Up Grades) Mint Valley Elementary
HOST Program, Butler Acres Elementary, Kelso
Head Start

Economic Opportunity

Adult Literacy, PROJECT READ, Longview Library
Habitat for Humanity, ReStore, CAP Self-Help Housing
Tax Aide, AARP
Financial Literacy Instructor

Disaster Services

Preparedness Instructor

Environmental Stewardship

Recycling Program
Trail Improvement/Creation/Waterway Improvement

Veterans and Military Families

Veterans Stand Down
VFW Service Officer
DAV Service Officer, Van Driver, Auxiliary Member
American Legion
Mothers of Military Service
Auxiliary Member

Community Needs

Kelso Train Depot, Castle Rock Exhibit Hall
American Red Cross Blood Program
SW Washington Blood Program

Volunteer Activity Level:

Special Events
Regular Schedule
Weekends Only

How Did You Hear About the Volunteer Center?

CAP Website/Internet
 Newspaper
 Radio
 Television
 Volunteer Center Staff
 Friend/Family
 Volunteer Site
 Facebook
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

