



## Whatcom Volunteer Center

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e-mail [info@whatcomvolunteer.org](mailto:info@whatcomvolunteer.org)

### Volunteer Enrollment/Information Sheet

Please print information clearly in black ink. Thank You

Volunteer#

|  |              |                               |                                     |                                   |
|--|--------------|-------------------------------|-------------------------------------|-----------------------------------|
| <b>Name:</b> _____   |              |                               |                                     |                                   |
| <b>Last</b>  | <b>First</b> | <b>Middle Initial</b>         |                                     |                                   |
| <b>Address:</b> (Mailing) _____  |              |                               |                                     |                                   |
| Street/Box #   | City         | State                         | Zip                                 |                                   |
| <b>Name of School:</b> (if student) _____  |              |                               |                                     |                                   |
| <b>Phone #:</b> _____  |              | <b>Evening Phone #:</b> _____ |                                     |                                   |
| <b>E-Mail address:</b> _____   |              |                               | <input type="radio"/> <b>Female</b> | <input type="radio"/> <b>Male</b> |
| <b>Birth Date:</b> _____ <i>If you are under 18, please ask for a Parent Release Form.</i> |              |                               |                                     |                                   |
| <b>Emergency Contact:</b> _____  |              |                               | <b>Phone#:</b> _____                |                                   |
| <b>Relationship:</b> (e.g. Spouse, parent) _____   |              |                               |                                     |                                   |

#### Auto Insurance Information

**Transportation:**  Own car  Other car  Truck  Bus  Special trans  Walk  Bike

If you will be driving a vehicle to and from your volunteer job, the following information is needed to provide you with excess auto insurance coverage.

**Driver's license #:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Do you carry at least the minimum state-required liability insurance?**  **Yes**  **No**

**Insurance Company** \_\_\_\_\_ **Agent** \_\_\_\_\_ **Policy#** \_\_\_\_\_

***If you plan to be a volunteer driver for the Volunteer Chore Program or Meals on Wheels, for example, you may be required to complete additional transportation information.***

#### Security Background Release

Some agencies require background checks. Please check your response to the following: Are you willing to provide your name, references and fingerprints for a background check?  **Yes**  **No**

#### Life Insurance Provided

WVC provides a \$2,500 life insurance policy in case of accidental death during volunteer service.

Name of Beneficiary \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address of Beneficiary \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Volunteer Focus:** Length of commitment you are able to make:

Episodic (once in a while)  A few months  Ongoing  Don't know

**Confidentiality Statement:** I understand that all information on this form is voluntarily supplied and may be used and disclosed in a professional manner and in good faith for the specific purpose of volunteerism only. I understand it is the policy of WVC to regard all information pertaining to staff, volunteers and clients served as confidential. This includes both written and verbal information. Furthermore, I understand and agree to comply with the confidentiality statement as it pertains to information I may learn or be entrusted with as a volunteer in the community. I understand this policy and agree to comply with it.

\_\_\_\_\_Please initial here

**Insurance Statement:** I understand that if I use my personal vehicle during my volunteer service, I will arrange to keep in effect automobile insurance equal to the minimum state requirement and will inform the WVC office of any change in coverage or driver's license status in order to qualify for the excess automobile insurance coverage.

\_\_\_\_\_Please initial here

**Drug Free Statement:** Whatcom Volunteer Center is committed to providing a drug free, healthful, safe and secure work environment for employees and volunteers. Therefore, each employee and volunteer is expected and required to report to work in an appropriate mental and physical condition to perform his/her assigned duties. WVC prohibits the use, possession or sale of illicit drugs in the workplace or when conducting agency business. WVC requires its employees and volunteers to be free from illicit drugs and to be free from the influence of alcohol or the influence of legal drugs where the potential for impairment or unsafe job performance is indicated. I understand this policy and agree to comply with it.

\_\_\_\_\_Please initial here

Please sign and date this application form. This affirms you have read and understand the confidentiality, insurance and drug free statement on this form and that all above information is true to the best of your knowledge.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

***Please mark all that apply***

**Optional Information:** WVC uses the following information to assess volunteer recruitment efforts.

**Ethnic Background:**       Native American       Asian/Pacific Islander       African-American  
    Hispanic                       Caucasian                       Other

**Special Needs:** Do you have any physical or other special needs that should be considered in your volunteer placement?       Yes       No      If yes, please explain:

**How did you hear about Whatcom Volunteer Center?**

Other volunteer \_\_\_\_\_      Newspaper \_\_\_\_\_      I previously volunteered with WVC \_\_\_\_\_  
Non profit agency \_\_\_\_\_      School \_\_\_\_\_      Phone book \_\_\_\_\_  
Radio \_\_\_\_\_      Jobs Program \_\_\_\_\_      Other \_\_\_\_\_

**Office use only**

Notes and initial referrals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date