

# *Volunteer Application*



**Washington State**  
1605 12<sup>th</sup> Ave, Ste 35  
Seattle, WA 98122  
206.330.2099

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## **Contact Information:**

Name		
Street Address		
City, State, ZIP		
Home Phone	Alt. Phone	work / cell
E-Mail Address		

## **Availability:**

During which hours are you available for volunteer assignments?

- |   |   |
|---|---|
| <input type="checkbox"/> Weekday mornings   | <input type="checkbox"/> Weekend mornings   |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings   | <input type="checkbox"/> Weekend evenings   |

Specific days/times that work best for you?

Specific days/times that does NOT work best for you?

## **Interests:**

Tell us which areas that you are interested in volunteering?

<input type="checkbox"/> Administration	<input type="checkbox"/> Deliveries
<input type="checkbox"/> Events	<input type="checkbox"/> Phone bank
<input type="checkbox"/> Field work	<input type="checkbox"/> Newsletter production
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Volunteer coordination

## **Special Skills or qualifications:**

Please summarize any special skills and qualifications that you have acquired from previous employment, volunteer work or through other activities, including any hobbies/sports. Please also note any first aid/CPR training you may have had!

**Previous Volunteer Experience:**

Summarize your previous volunteer experience.

**Questions:**

What interested you in volunteering for GLSEN Washington State?

Are you personally involved in the education system?

Do you have any knowledge or skills that you could teach others? Was it in a workshop or speakers' bureau setting?

**Person to notify in case of an emergency:**

Name
Street Address
City ST ZIP Code
Home Phone
Work Phone
E-Mail Address

**Agreement and Signature:**

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 with GLSEN Washington State, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I also understand and acknowledge that submission of this signed application authorizes GLSEN Washington State to process a background check through the Washington State Patrol.

Name (printed)
Signature
Date

**Our Policy:**

It is the policy of GLSEN Washington State to provide equal opportunities without regard to race, color, religion, national origin, gender, gender identity, sexual orientation, age or disability.

Any additional policies are available upon request.

*Thank you for taking the time to complete this application form and your interest in volunteering with us at GLSEN Washington State!*

