



## Volunteer Application

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

To be completed by all persons, who are not OIC employees, who wish to perform services in an OIC facility, including unpaid volunteers, community jobs/ work experience persons placed at OIC, community service persons and persons performing court ordered service. People needing ADA accommodations to complete this application, should notify OIC Human Resources.

**Interests:** Volunteer tasks in which you are interested in performing (Please check selection)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> No Preference                 | <input type="checkbox"/> Afterschool/Summer Youth Programs | <input type="checkbox"/> Clerical/Receptionist    |
| <input type="checkbox"/> Custodial/ Maintenance        | <input type="checkbox"/> Gardening                         | <input type="checkbox"/> Culinary/Kitchen         |
| <input type="checkbox"/> Adult Tutoring                | <input type="checkbox"/> Financial Literacy Trainer        | <input type="checkbox"/> Digital Literacy Trainer |
| <input type="checkbox"/> Youth Tutoring                | <input type="checkbox"/> Food Bank/Food Prep/Food Demo     | <input type="checkbox"/> Community Event Prep     |
| <input type="checkbox"/> Other (please explain): _____ |  |   |

**Regional Area:**

- |                                 |                                     |                                       |
|---------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Yakima | <input type="checkbox"/> Moses Lake | <input type="checkbox"/> Wenatchee    |
| <input type="checkbox"/> Pasco  | <input type="checkbox"/> Sunnyside  | <input type="checkbox"/> Mount Vernon |

**Facility:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Henry Beauchamp Jr. Community Center | <input type="checkbox"/> OIC Food Distribution Center | <input type="checkbox"/> Excel Youth Center |
| <input type="checkbox"/> Education and Career Services Center | <input type="checkbox"/> Community Garden             | <input type="checkbox"/> Chuck Austin Place |

**Availability:** Total Number of Desired Volunteer Hours

☐ Unlimited

**Days of the Week**    ☐ Mon    ☐ Tues    ☐ Wed    ☐ Thurs    ☐ Fri    ☐ Sat    ☐ Sun

**Timeframe**            \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ -    \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ -

**Purpose for Volunteering (check all that apply)**

<input checked="" type="checkbox"/> Desire to give back	<input type="checkbox"/> Court Order – Total # of hours _____ Date Hours must be completed ____ / ____ / ____	<input type="checkbox"/> Work Experience/ Job Hunting
<input type="checkbox"/> Other (please explain): _____		

**How were you referred?**

- |  |                                 |  |  |
|--|---------------------------------|--|--|
| <input type="checkbox"/> Staff Member/Volunteer        | <input type="checkbox"/> Friend | <input type="checkbox"/> Probation Officer | <input type="checkbox"/> Social/News Media |
| <input type="checkbox"/> Other (please explain): _____ |                                 |  |  |

**Previous Volunteer Experience:** Summarize any previous volunteer experience.

**Special Skills or Qualifications:** Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities including hobbies or sports.

**Employment Status**

Are you currently employed? ☐Yes ☐No  
Are you looking for long-term employment ☐Yes ☐No  
If you are looking for long-term employment, are you willing to have a Career Counselor contact you about training and job opportunities? ☐Yes ☐No

**Criminal or Civil Litigation History**

Have you ever been convicted of a crime? ☐Yes ☐No  
Have you ever had findings made against you in any civil adjudicative proceeding? ☐Yes ☐No  
Have you ever had both a conviction and finding made against you? ☐Yes ☐No

If you checked "YES" to any of the questions above, please list any and all criminal charges, convictions or pending legal actions, along with dates of offenses.

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**Emergency Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_

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**OIC of Washington Policies**

**Equal Opportunity Statement:** It is the policy of OIC to provide equal employment opportunity to all applicants and employees regardless of their age, sex (including pregnancy, childbirth, and related medical conditions), marital status, sexual orientation (including gender expression or identity), race, creed, color, national origin (including ancestry), honorably discharged veteran or military status, physical, mental, or sensory disability, use of a service animal or guide dog by a person with disability, and HIV or hepatitis C status, or any other protected classification under federal, state, or local law. Auxiliary aids /services are available upon request to individuals with disabilities. For TTY relay call 1-800-833-6388

**Anti-Harassment Policy** OIC is committed to providing and maintaining a work environment in which employees, clients, volunteers, and vendors are free from discrimination, including unlawful sexual harassment and harassment based on age, sex (including pregnancy, childbirth, and related medical conditions), marital status, sexual orientation (including gender expression or identity), race, creed, color, national origin (including ancestry), honorably discharged veteran or military status, physical, mental, or sensory disability, use of a service animal or guide dog by a person with disability, and HIV or hepatitis C status, or any other characteristic protected by state or federal laws.

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

Applicant Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's or Guardian's Approval and Signature (Required when the volunteer is less than 18 years old):  
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if my child or dependent is accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Parent/Guardian Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Background Check – Authorization for Release of Information**

**For Internal Use Only: Please check all that applies**

☐ Employee   ☐ Volunteer   ☐ Participant

I, \_\_\_\_\_ authorize and give consent to OIC of Washington to obtain background information about me, including the following:

- Criminal Background Check
- Personal Reference Checks
- Prior Experience Reference Checks
- WA State Driver's Abstract (when needed)

I authorize this information to be obtained by the Washington State Patrol (WSP) and communicated to OIC of Washington in accordance with my employment or volunteer application. Any person, firm or organization providing information or records/ references in accordance with and/or, in addition to this authorization, is released from any claims of liability for compliance.

**Please Complete All Sections: (Please Print Legibly)**

Full Name: \_\_\_\_\_  
(First Name) (Full Middle Name) (Last Name)

Previous Names/Maiden Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicant is under 18 years' old)

**For Internal Use Only:**

Please attach a copy of one of the following documents and submit it to the Navigator or Administrative Receptionist. Please check the appropriate box for the documentation attached

- ☐ Valid WA State Driver's License
- ☐ Valid WA State Identification Card
- ☐ Valid WA State School ID

Application Submitted by: ☐ Applicant   ☐ Other: \_\_\_\_\_

Application Processed by: \_\_\_\_\_ Date: \_\_\_\_\_