



Orcas Community Resource Center

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opportunities guide:



Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Interest and Availability

Please indicate your area(s) of interest:

___ Coates Cabinet Hygiene Bank ___ Financial Literacy and Mentoring ___ Cleaning ___ Occasional Facilities Support
___ Occasional Mailings/Office Support ___ Outreach ___ Volunteer Coordination ___ Other _____

We invite individuals with specialized expertise or subject matter knowledge to contribute their services and support.

Kindly indicate if you possess specialized knowledge in any of the following areas:

___ Tax Assistance ___ Technology Support ___ Peer Advising ___ Facilitating Wellness Activities ___ Legal Advising
___ Childcare ___ Resume Building ___ Spanish Language Teaching and/or Translation ___ Advocacy
___ Program Development ___ Grant Writing ___ Other _____

Are you available for occasional event support? (this may include evenings or weekends)

___ Yes
___ No

Availability:

Days/Times: M _____ T _____ W _____ Th _____ F _____ Evening Events _____ Weekend Events _____

Education or Relevant Experience

Highest Level Completed: _____ Degree or Specialty Area: _____

Other: _____

References

Please list three personal or professional references.

Full Name: _____ Relationship: _____
 Company or Organization: _____ Phone: _____

Location: _____

Full Name: _____ Relationship: _____
 Company or Organization: _____ Phone: _____

Location: _____

Full Name: _____ Relationship: _____
 Company or Organization: _____ Phone: _____

Location: _____

May we contact your references? YES NO
 ☐ ☐

Previous Employment and or Volunteer Experience

Company or Organization: _____ Phone: _____
 Location: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Company or Organization: _____ Phone: _____
 Location: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
 ☐ ☐

Company or Organization: _____ Phone: _____
 Location: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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May we use your information to run a background check?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Thank You!

Thank you so much for applying to volunteer with the Orcas Community Resource Center!

We appreciate you taking the time to apply.

After we receive your application we will be contacting your references, submitting your background check, and then will reach out to schedule an interview with you.

If you have any questions in the meantime, please feel free to reach out to us.