|  | **Orcas Community**  **Resource Center** |
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# Volunteer Application

## Applicant Information

| Full Name: | **Jermy** | **Kayla** | **M** | Date: | **07/07/22** |
| --- | --- | --- | --- | --- | --- |
|  | Last | First | M.I. |  |  |

| Address: | **34 Hurricane Hill Road** |  |
| --- | --- | --- |
|  | Street Address | Apartment/Unit # |
|  |  |  |

|  | **Orcas** | **Wa** | **98280** |
| --- | --- | --- | --- |
|  | City | State | ZIP Code |

| Phone: | **360-472-9568** | Email | **Kaylajermy15@gmail.com** |
| --- | --- | --- | --- |

| Interest and Availability Please indicate your area(s) of interest:  **\_\*\_\_**Coates Cabinet Hygiene and Cleaning Project **\_\_\_**Financial Literacy and Mentoring **\_\_\*\_**Events**\_\_\*\_\_** Fundraising  **\_\_\*\_**Office Support**\_\_\*\_** Outreach**\_\_\_** Writing for the Media **\_\_\_** Grant Writing **\_\_\_**Publications **\_\_\_**Other**\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Availability:  Days/Times: M\_\_\_After 1:30\_\_\_\_ T\_\_\_After 1:30\_\_\_\_ W\_\_\_After 1:30\_\_\_\_ Th \_\_\_After 1:30\_\_\_\_ F \_\_\_\_After 1:30\_\_\_  Are you interested in \_\_\*\_\_\_ Regularly Scheduled Volunteer \_\_\_\*\_\_\_\_\_ Special Events/As Needed Volunteer |  |
| --- | --- |

## Education or Relevant Experience

| Highest Level Completed: | **GED** | Degree or Specialty Area: |  |
| --- | --- | --- | --- |

| Other: |  |  |
| --- | --- | --- |

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## References

*Please list three personal or professional references.*

| Full Name: | **Paul Evans** | Relationship: | **Uncle** |
| --- | --- | --- | --- |
| Company or Organization: | **OISD** | Phone: | **360-317-6734** |
| Location: | **Orcas** |  |  |
|  |  |  |  |
| Full Name: | **Julia Savell** | Relationship: | **Friend/Coworker** |
| Company or Organization: | **Lotioncrafter** | Phone: | **360-472-0660** |
| Location: | **Orcas** |  |  |
|  |  |  |  |
| Full Name: | **Ed Cunningham** | Relationship: | **Friend** |
| Company or Organization: | **Eds Equipment** | Phone: | **360-317-5782** |
| Location: | **Orcas** |  |  |

## Previous Employment and or Volunteer Experience

| Company or Organization: | **New Pheobe House** | Phone: |  |
| --- | --- | --- | --- |
| Location: | **Tacoma Wa** | Supervisor: | **Naomi Vilano** |

| Responsibilities: | **Helping women in domestic violence and homelessness** |
| --- | --- |

| From: | **2011** | To: | **2013** | Reason for Leaving: | **Moving** |
| --- | --- | --- | --- | --- | --- |

| May we contact your previous supervisor for a reference? | YES  ☐ | NO  ☐It is a domestic violence safe house |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

| 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  ☐ |  |
| --- | --- | --- | --- |

## Disclaimer and Signature

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

| Signature: | **Kayla Jermy** | Date: | **07/07/2022** |
| --- | --- | --- | --- |