

Reclaim

Please read the following carefully before filling out and signing this application:

Reclaim fully supports the right to privacy of individuals who are requesting assistance from and/or utilizing any services of the agency, and people contributing time and/or money to Reclaim. The strictest confidentiality will be always maintained on the part of all staff and volunteers as it pertains to any information related to clients, volunteers, and donors of the agency.

In my capacity as a volunteer with Reclaim, I agree not to discuss names or any other characteristics by which a client, volunteer, or donor could be identified. If a problem or question about this arises I will bring it to the attention of the agency's staff.

Before signing I understand the following:

1. This is an application *only* and not a promise of a volunteer opportunity.
2. I will provide all requested information to the best of my ability throughout the selection process including on this application, in interviews and in training.
3. I understand that only after completing the Sex Offender check & reference check (and criminal background check & driver's record request, if applicable), interview, and orientation will my application be considered for placement.
4. I will answer all questions to the best of my ability, and I will not withhold any information that I am concerned would unfavorably affect my application.
5. I understand that information in this application will be verified by Reclaim (including a background check, if I am applying to work directly with clients in an unsupervised capacity.)
6. I understand that misrepresentations or omissions may be the cause for my immediate rejection as a volunteer or my termination with Reclaim.

Volunteer's signature _____ Date _____

Reclaim Staff Member's signature _____ Date _____

Reclaim

Volunteer Application

Name _____

Home Address _____

Phone _____ Email _____

Volunteer Areas of Interest: _____

Availability: _____

Emergency Contact Information: _____

How did you hear about us? _____

SKILLS & INTERESTS

Hobbies, skills, interests, passions, special training::

Groups, clubs, organizational memberships:

Please describe any prior volunteer experience. Include dates, name of organization, and your role & responsibilities.

Do you have a driver's license? No () Yes ()

Please email to or mail to PO Box 65, Snoqualmie, WA 98065
marciar@reclaimstability.org