



Whatcom Volunteer Center

725 N. State Street, Bellingham, WA 98225 • (360) 734-3055 • Fax (360) 734-3215

e-mail info@whatcomvolunteer.org

Volunteer Enrollment/Information Sheet

Please print information clearly in black ink. Thank You

Volunteer#

Name: _____ <input type="radio"/> Female <input type="radio"/> Male			
Last	First	Middle Initial	
Address: (Mailing) _____			
	Street/Box #	City	State Zip
Phone #: _____		Evening Phone #: _____	
Birth Date: _____		E-Mail address: _____	
(Please include e-mail address if you would like to receive information via e-mail)			
How would you like to receive the WVC newsletter? <input type="radio"/> Postal Mail <input type="radio"/> E-mail			
Name of Employer (former employer if retired) _____			
Name of School: (if student) _____			
Emergency Contact: _____		Phone#: _____	
Relationship: (e.g. Spouse, parent) _____			

Auto Insurance Information

Transportation: Own car Other car Truck Bus Special trans Walk Bike

If you will be driving a vehicle to and from your volunteer job, the following information is needed to provide you with excess auto insurance coverage.

Driver's license #: _____ **State:** _____ **Expiration Date:** _____

Do you carry at least the minimum state-required liability insurance? Yes No

Insurance Company _____ **Agent** _____ **Policy#** _____

If you plan to be a volunteer driver for the Volunteer Chore Program or Meals on Wheels, for example, you may be required to complete additional transportation information.

Security Background Release

Some agencies require background checks. Please check your response to the following: Are you willing to provide your name, references and fingerprints for a background check? Yes No

Life Insurance Provided

WVC provides a \$2,500 life insurance policy in case of accidental death during volunteer service.

Name of Beneficiary _____ Phone #: _____

Mailing Address of Beneficiary _____ City _____ State _____ Zip _____

Volunteer Focus: Length of commitment you are able to make:

Episodic (once in a while) A few months Ongoing Don't know

Confidentiality Statement: I understand that all information on this form is voluntarily supplied and may be used and disclosed in a professional manner and in good faith for the specific purpose of volunteerism only. I understand it is the policy of WVC to regard all information (both written and verbal) pertaining to staff, volunteers and clients served as confidential. Furthermore, I understand and agree to comply with the confidentiality statement as it pertains to information I may learn or be entrusted with as a volunteer in the community.

_____ Please initial here

Insurance Statement: I understand that if I use my personal vehicle during my volunteer service, I will arrange to keep in effect automobile insurance equal to the minimum state requirement and will inform the WVC office of any change in coverage or driver's license status in order to qualify for the excess automobile insurance coverage.

_____ Please initial here

Drug Free Statement: Whatcom Volunteer Center is committed to providing a drug free, healthful, safe and secure work environment for employees and volunteers. Each employee and volunteer is expected and required to report to work in an appropriate mental and physical condition to perform his/her assigned duties. WVC prohibits the use, possession or sale of illicit drugs in the workplace or when conducting agency business. WVC requires its employees and volunteers to be free from illicit drugs and to be free from the influence of alcohol or the influence of legal drugs where the potential for impairment or unsafe job performance is indicated. I understand this policy and agree to comply with it.

_____ Please initial here

Please sign and date this application form. This affirms you have read and understand the confidentiality, insurance and drug free statement on this form and that all above information is true to the best of your knowledge.

Volunteer Signature

Date

***PARENT SIGNATURE IS REQUIRED FOR THOSE UNDER 18**

I, _____, am the custodial parent/ guardian of the above listed minor. I give permission for him/her to become a member of Whatcom Volunteer Center and to participate in volunteer activities. I hold harmless the Whatcom Volunteer Center for any injury or other situations that may result from my child's choice to serve as a volunteer in the community. I do understand that when actively reporting hours of service, my child is covered under a secondary insurance policy in case of accidental injury. I have seen the insurance brochure. Furthermore, I understand that in some volunteer situations parental or adult supervision may be required in order for my child to participate. I agree to hold Whatcom Volunteer Center harmless and give my child permission to participate in volunteer activities.

*Parent Signature (required for Volunteers under 18)

Date

Please mark all that apply

Optional Information: WVC uses the following information to assess volunteer recruitment efforts.

Ethnic Background: Native American Asian/Pacific Islander African-American
 Hispanic Caucasian Other

Special Needs: Do you have any physical or other special needs that should be considered in your volunteer placement? Yes No If yes, please explain:

How did you hear about Whatcom Volunteer Center?

Other volunteer _____	Newspaper _____	I previously volunteered with WVC _____
Nonprofit agency _____	School _____	Phone book _____
Radio _____	Jobs Program _____	Website _____
Employer _____	Flyers/Posters _____	Other _____

Office use only

Notes and initial referrals _____

Interviewer's Signature

Date

