



Enabling elders and others to live independently in their own homes

VOLUNTEER APPLICATION

817A 6th Street, Clarkston WA 99403-2002

Email: director@interlink-volunteers.org Office Phone: 509-751-9143

(Please Print)

Full Name: _____

Home Address: _____

City/State: _____

Phone: Home: _____ **Work:** _____

Mobile: _____ **Email:** _____

May we contact you at work for service requests?: Y__ N__ N/A__ (Please check one)

Birth Date: _____

Sex: F__ M__ (Please check one)

Faith Community/Church Affiliation: (if any) _____

In case of emergency, please contact: _____

Emergency contact relation to you: _____

Emergency contact Phone No. (day) _____ **(evening)** _____

Any health limitations, allergies or other concerns, we should be aware of? _____

Do you own a car? _____ truck? _____ (Please check all that apply)

Do you carry insurance on your vehicle? Y__ N__ (Please check one)

Driver's License: ID__ WA__ Other__ (Please check one) **Driver's License No.** _____

INTERESTS/TRAININGS/SKILLS:

Special Training/Schooling/Languages: _____

Special Interests, Skills or Hobbies: _____

Who or what prompted you to volunteer? _____

Skills I am willing to share:

- Local Transports Local Transports w/Shopping Assistance Long Distance Transports
 - Home Repair Building or Painting Wheelchair Ramps Office/Computer/Data Entry
 - Yard Work Communication/Social Media/Publicity/Special Events Leadership/Board Member
- Other (Explain) _____

BACKGROUND CHECK PERMISSION AND INFORMATION:

Do you agree to submit to a background check? Y__ N__ (Please check one)

Have you ever had a police record? Y__ N__ (Please check one)

If yes, please explain: _____

REFERENCES:

References: Name _____ Relationship _____ Phone No. _____

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AVAILABILITY: List your availability or preferences (example: No Monday mornings, etc.)

Please attach a photocopy of your CURRENT proof of auto insurance and drivers' license when returning this form.

INTERLINK VOLUNTEER AGREEMENT

INTERLINK is dependent upon a climate of mutual caring and trust between volunteers and the recipients they serve. When a person seeks assistance through the program, personal information is shared, such as income, medical problems, and age. As volunteers work with recipients, they observe lifestyles, belongings, and family situations. All recipient information will be kept confidential.

INTERLINK volunteers will receive an initial orientation.

INTERLINK offers volunteer liability insurance coverage for all volunteers. Any volunteer who provides escorted transportation to Interlink recipients, will be required to provide the office with proof of current vehicle insurance coverage, and a valid driver's license.

Mileage reimbursement is available for all volunteers. An original signature of the volunteer is required on the provided mileage voucher. Volunteers are requested to record and report all activities to the office staff by the 5th day of the month following the activity.

INTERLINK reserves the right to refuse any application on any basis deemed reasonable.

All information provided to INTERLINK on this form, is confidential.

I understand the need for INTERLINK in the valley and that my volunteer assignment is an important faith commitment. I will make every attempt to live up to the responsibility.

I understand the importance of accurate record keeping for the welfare of both the recipient and INTERLINK.

I agree to observe and fulfill the above statements.

_____ / ____ / ____
VOLUNTEER DATE

Please remember to include the copy of your current auto insurance coverage, and valid driver's license with this signed form. Thank you.

Office use only:

Date application received: _____ / ____ / ____
STAFF NAME DATE

References checked by: _____ / ____ / ____
STAFF NAME DATE

Background check processed on: _____ / ____ / ____

Volunteer notification and start date: _____ / ____ / ____