



Enabling elders and people with disabilities 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: _____

Gender(opt.): F M Self Describe _____ (Please check one)

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. _____

Faith Community/Church Affiliation: (if any) _____

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)

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 does not discriminate based on race, color, gender, religion, national origin, age or disability.

