



Community Resource Center

of Stanwood Camano

9612 271st NW
PO Box 935
Stanwood, Wa 98292
Phone 360.629.5257
Fax 360.629.4705
www.crc-sc.org
volunteers@crc-sc.org

VOLUNTEER APPLICATION (Adult)

Name _____ Date _____
(Last) (First) (MI)

Former/Other Names Used: _____

Address _____ Phone _____ (H)

(City) (State) (ZIP) Phone _____ (C)

E-mail address _____

Emergency contact _____
(Name) (Relationship) (Phone)

Required workplace adaptations _____

Special skills, hobbies and/or interests _____

Work experience – paid and volunteer or attach resume (include duties and length of service):

Have you been convicted of a crime or releases from prison within the past seven years? Yes ___ No ___

If yes, please explain _____

What would you like to do as a volunteer with CRC-SC? _____

Days/Hours preferred _____

How did you hear about CRC-SC? _____

DECLARATION AND STATEMENT OF CONFIDENTIALITY

I understand that the staff at the Community Resource Center of Stanwood Camano will keep confidential any sensitive information imparted to them except with those issues they are legally bound to report under RCW 26.44. I do further understand and declare that as a participant and/or volunteer of the Community Resource Center of Stanwood Camano, I will hold any sensitive information imparted to me in the course of my participation as confidential material and will not divulge that information to any other person.

Signed _____ Witness _____

Date _____

PERMISSION TO PERFORM BACKGROUND CHECK

I hereby allow the Community Resource Center of Stanwood Camano to perform a check of my background, including:

_____ Criminal record
_____ Personal references

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during this check will be kept confidential. I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information as they deem appropriate.

Signed _____ Date _____

Birth date _____

REFERENCES

Please list three personal and/or professional references

(Name)	(Relationship)	(Phone)
(Name)	(Relationship)	(Phone)
(Name)	(Relationship)	(Phone)