HOMAGE SENIOR SERVICES

VOLUNTEER APPLICATION

1715 100Th Pl SE, Everett, WA 98208
Phone: 425.355.1112 / Fax: 425.355.6875 / www.homage.org

Contact Information

Date		
Name		Nickname:
Street Address		Apt:
City	State:	Zip Code:
		Preferred Contact Info
Day Phone		☐
Evening Phone		☐
Email		☐

☐ I am 18 years of age or older. (*Note: Minors under 18 may volunteer with parental consent*.)

☐ I currently serve or have served in the U.S. Military

☐ I am applying for volunteer opportunities to fulfill service hours. The number I need to complete: _____

☐ Yes, I would like to receive a quarterly Volunteer eNewsletter sent to my email.

Emergency Contact: Please indicate who we should contact in case of emergency.

Name	
Relationship	
Phone	

Interests: Please indicate areas you are interested in volunteering.

☐ Administration (clerical, reception, mailings)
☐ Center for Healthy Living (reception, classes)
☐ Friendly Visitor program
☐ Fundraising (clerical, events, outreach)
☐ Minor Home Repair (assessments)
☐ Multicultural Services (clerical, meal prep, translation)
☐ Outreach (events, presentations, phone calls)
☐ Senior Companion (must be 55+ years)
☐ Senior Peer Counseling (must be 55+ years)
☐ Statewide Health Insurance Benefits Advisors
☐ Nutrition (deliveries, clerical, outreach)
☐ Other (please specify)

_____

Availability: Place "X" when you are available to volunteer. Most opportunities available M-F 8am-4pm

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Why do you want to volunteer with Homage Senior Services? What do you hope to gain from your volunteer experience with us?

☐ I have a current driver's license.

☐ I have car insurance.

Special Skills or Qualifications: List special skills and/or qualifications you acquired from employment, previous volunteer work, or other activities such as hobbies and sports.

Non-English Languages: List any languages, other than English, that you speak/read/write.

Non-English Language Proficiency	Conversation (circle)	Reading (circle)	Writing (circle)
	Some Fluent	Some Fluent	Some Fluent
	Some Fluent	Some Fluent	Some Fluent

Previous Volunteer Experience

Organization	Dates	Title/Role	Responsibilities/Tasks

Have you ever been released from a volunteer program? ☐ YES ☐ NO If yes, explain the circumstances.

Current (or Most Recent) Employment

Company Name	
Supervisor	
Contact Info	
Dates Employed	

- ☐ My employer matches volunteer hours
- ☐ My employer matches charitable giving
- ☐ My employer matches volunteer hours for retirees
- ☐ My employer matches charitable giving for retirees.

Are you currently under a Labor & Industry Claim? ☐ YES ☐ NO
If yes, explain the incident and outcome. How will this affect your volunteer activities with SSSC?

References: Provide three personal or professional references. *Do not include anyone related to you.*

Name	Contact Info	How do you know this person?

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I understand that the information contained in my application will be verified by Homage Senior Services. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position or immediate termination as a volunteer whenever it is discovered.

I give Homage Senior Services the right to contact and obtain information from all references, employers, educational institutions and others to verify the accuracy of the information contained in this application.

I authorize Homage Senior Services to conduct a criminal history background check.

I hereby fully and completely release from any liability Homage Senior Services and its representatives for seeking, gathering and using such information and also all other persons, corporations or organizations for furnishing such information.

Signature: _____ Date: _____

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VOLUNTEER APPLICATION – DISCLOSURE FORM

5026 196th St. SW, Lynnwood, WA 98036
Phone: 425.355.1112 / Fax: 425.355.6875 / www.homage.org

Your volunteering opportunities may involve unsupervised access to vulnerable adults and/or developmentally disabled persons. Answering "yes" to any of these questions will not necessarily disqualify you from volunteering. All information provided below will be held in confidence.

If the answer to any item is YES, explain in the area provided, including the charge, the date, and the courts(s) involved.

Have you ever been convicted of any crime against children, vulnerable adults or other persons? ☐ YES ☐ NO
Have you ever been convicted of crimes relating to financial exploitation where the victim was a vulnerable adult? ☐ YES ☐ NO
Have you ever been convicted of crimes related to drugs? ☐ YES ☐ NO
Have you ever been found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or vulnerable adult or to have physically abused any minor or vulnerable adult? ☐ YES ☐ NO
Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or developmentally disabled person or to have sexually abused or financially exploited any vulnerable adult? ☐ YES ☐ NO
Have you ever been found by a court in a protection proceeding under chapter 73.43 RCW, to have abused or financially exploited a vulnerable adult? ☐ YES ☐ NO

Please read the following carefully before signing this disclosure:

This disclosure specifies all crimes against children or other persons, all crimes relating to drugs, and all crimes relating to financial exploitation as defined in RCW 43.43.830 in which the victim was a vulnerable adult.

I understand that Homage Senior Services will notify me of the response to this disclosure within ten days of receipt. I understand that Senior Services of Snohomish County will provide a copy of the response to me upon receipt of a request in writing submitted to the Volunteer Department.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature: _____ Date: _____