

of a licensed dog guide or service animal.

Operated by: La Center United

PO Box 592 La Center, WA 98629 a not for profit 501(C)3 Corporation



PLEASE ATTACH A COPY OF YOUR CURRENT DRIVER'S LICENSE TO THIS APPLICATION.

Volunteer Application

This information will be used in determining acceptance as a volunteer as well as for emergency contact, and will not be used or disseminated for any other purpose. Further, we will obtain a report through the Washington State Patrol and may request your fingerprints if necessary.

Name:		NA: dalla	Date:
		Middle	Birth Date:
Address:Street	City	State/Zip	Birtir Date.
Home phone: ()		E-Mail:	
Employer:			
Previous volunteer experience:			
Interests and Specialty Skills yo			
Names and Ages of Children: _			
Certifications(CPR, Medical, etc	.):		
Check Days You Can Serve (cir			
Note: "Convicted," as used in this docur including instances in which a plea of gbeen deferred from prosecution or the set. 1) Have you ever had a finding a	guilty or nolo contendere is the entence has been deferred or s against you by any depel	e basis for the conviction, or any suspended. ndency action, domestic rel	proceedings in which the charge has ations proceeding, disciplinary
board, or civil adjudicative proce	<u> </u>		
2) Have you ever been convicted			
3) If you answered yes to questi	-		
4) Are there any criminal charge			
5) Have you ever been refused			□Yes □No
6) Are you aware of any reason into question your suitability to s			TVes TNo
If you answered yes to any of th an expungement, pardon, annul	ment, or certificate of ref	nabilitation, please specify: ((use back of form if needed)
Please list 3 references, at least Name / Phone: 1)			n a youth program.
2)			
Emergency Contact			
Phone: Work	Uomo		l
By checking below I understand I am authorizing La Center understand that it will be used in I hereby release and agree and La Center United and its of connection with my participation I certify that the information the Teen Center may be terminated.	United to obtain a bac determining my eligibilit to hold harmless from lia ficers, directors, employe on this application is true	kground check from the Wy. bility any person or organizes, and volunteers for any e, correct and complete.	ation; La Center Teen Center: injury or damage sustained in understand that my service to
		References check by:	
Signature:			
La Center Teen Center and La Center lany programs or activities on the basis color, national origin, age, veteran orientation, gender expression, gender	of sex, race, creed, religion, or military status, sexual	Data entry by:	Date: