

South Sound Reading Foundation 2016-2017 Volunteer Application

Name:	В	Birth date:		
Maiden name (if applicable):				
Address:	S	tate:	Zip code	
Home Phone:	Cell:			
Email:	сси.			
Billini				
REFERENCES (Two non-family member references required)				
Name:		Phone:		
Relationship:				
Name:		Phone:		
Relationship:				
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EMERGENCY CONACT		1 -		
Name:		Phone:		
CURRENT EMPLOYER/SCHOOL				
CORRENT EMIFLOTER/SCHOOL	Tin	ne in Posit	ion:	
Supervisor:	Pho		ion.	
owpervisori	1110	, , , , , , , , , , , , , , , , , , ,		
Why are you interested in volunteering with the SSRF?				
Previous volunteer experience?				
Chille habbies talents you bring to CCDED				
Skills, hobbies, talents you bring to SSRF?				
Envoyite healt anarring un)			<u> </u>	
Favorite book growing up?				
Have you or a relative served in the U.S. military? Yes	No	Prefer no	ot to answer	
VOLUNTEER PREFERENCES (Please check all areas in w	rhich was and inter	aatad in waluu	stooning)	
Volunteer Lead (help oversee and develop SSRF program				
Storytime (reading to children)	is including Adop	ot-a-Daycare.	, Read with Me, etc.)	
Book Distribution/Collection (requires valid driver's license)				
Community Events (HOCM Free Friday Night, Little R	/	parades etc.)		
Behind-the-scenes (office work, book sorting, board/con	mmittees)			
Other:				
AVAII ARII ITV (Places about all that are tra)				
AVAILABILITY (Please check all that apply) Weekdays Weekends		For offi	ice staff only	
Mornings Afternoons Eveni	ngs	Date Received		
	O	WSP Rur		
		Interview	red	

WSP BACKGROUND CHECK APPLICANT DISCLOSURE

PURSUANT TO RCW 43.43.834 CHILD & ADULT ABUSE INFORMATION ACT

•	een convicted of ANY crime? (Convicted includes ALL instances in which a finding of guilty or e basis of conviction and/or all proceedings in which a sentence has been suspended or
2. Have you ever b	een convicted of a crime relating to sexual abuse, exploitation or physical abuse? O
3. Have you ever bYESNC	een convicted of any crimes related to drugs?
4. Have you ever be robbery or forgeYESNC	
5. Do you currently country? YESNO	y have any outstanding criminal charges or warrants against you in WA or in any other state of
REQUIRED INFO	DRMATION FOR WSP BACKGROUND CHECK:MALEFEMALE
RACE	
WASHINGTON:	STATE PATROL CHECK & DECLARATION
volunteers. All volu program. By signin	ing Foundation conducts a routine Washington State Patrol background check on all unteers must be cleared through the Washington State Patrol Criminal History (WATCH) g this application, you are granting the South Sound Reading Foundation permission to round check. If you do not sign below, we cannot process your request and you will be unable to volunteer.
•	I understand that I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, and/or failure to notify South Sound Reading Foundation if disclosure information provided changes, can be grounds for denial of volunteer placement or continued volunteer service. I certify under penalty of perjury according to the laws of the state of Washington that the foregoing is true and correct.
SIGNATURE:	DATE:

Please return applications to:

South Sound Reading Foundation 305 College St. NE Lacey, WA 98516

