South Sound Reading Foundation
2018-2019 VOLUNTEER APPLICATION

Name:	Nickname/chosen name:	
Maiden name *(if applicable)*:	Birth date:	
Address:	State:	Zip code
Home Phone:	Cell:	
Email:		

REFERENCES *(Two non-family member references required)*

Name:	Phone:
Relationship:	

Name:	Phone:
Relationship:	

EMERGENCY CONTACT

Name:	Phone:

CURRENT EMPLOYER/SCHOOL

	Time in Position:
Supervisor:	Phone:

Why are you interested in volunteering with us? _____

_____

Previous volunteer experience? _____

_____

Skills, hobbies, talents you bring to? _____

_____

Favorite book growing up? _____

Have you or a relative served in the U.S. military? Yes _____ No _____ Prefer not to answer _____

VOLUNTEER PREFERENCES *(Please check all areas in which you are interested in volunteering)*

☐ **Volunteer Lead** (help oversee and develop SSRF programs including Adopt-a-Daycare, Read with Me, etc.)
☐ **Storytime** (reading to children)
☐ **Book Distribution/Collection** (requires valid drivers license)
☐ **Community Events** (Sand in the City, Free Friday Night, Little Red Schoolhouse, parades etc.)
☐ **Behind-the-scenes** (office work, book sorting, board/committees) Please check any of the following times you would be interested in volunteer drop in hours at our office:
　　☐ Tuesdays, 10 am—noon
　　☐ Fridays, 10am—noon
　　☐ 1st Wednesdays, 5:30—6:30 pm
　　☐ 2nd Saturdays, 10am—noon
　　☐ 3rd Wednesdays, 5:30—6:30 pm

WSP BACKGROUND CHECK APPLICANT DISCLOSURE
PURSUANT TO RCW 43.43.834 CHILD & ADULT ABUSE INFORMATION ACT

1. Have you ever been convicted of ANY crime? (Convicted includes ALL instances in which a finding of guilty or *nolo contendere* is the basis of conviction and/or all proceedings in which a sentence has been suspended or deferred.)
    __YES   __NO

2. Have you ever been convicted of a crime relating to sexual abuse, exploitation or physical abuse?
    __YES   __NO

3. Have you ever been convicted of any crimes related to drugs?
    __YES   __NO

4. Have you ever been convicted of any crimes relating to financial exploitation, including extortion, theft, robbery or forgery?
    __YES   __NO

5. Do you currently have any outstanding criminal charges or warrants against you in WA or in any other state of country?
    __YES   __NO

REQUIRED INFORMATION FOR WSP BACKGROUND CHECK:
MALE____   FEMALE____   (**as noted on your state I.D. or drivers' license**)
We respect all gender identities but the WSP background check requires we obtain this information as specified on your I.D. If you would like, please indicate here what pronouns you use: _____

RACE_____

WASHINGTON STATE PATROL CHECK & DECLARATION

South Sound Reading Foundation conducts a routine Washington State Patrol background check on all volunteers. All volunteers must be cleared through the Washington State Patrol Criminal History (WATCH) program. By signing this application, you are granting the South Sound Reading Foundation permission to conduct the background 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:_____
Applications can be mailed to:
- **South Sound Reading Foundation 305 College Street NE, Lacey, WA 98516**
Or hand in a copy to our offices at:
- **200 Sleater Kinney Rd NE, Olympia, WA 98506**
    o Call 360-412-4499 or 412-4411 ext. 35002 prior to visiting our office
You can also email your application to read2me@nthurston.k12.wa.us