



South Sound Reading Foundation

Adult Volunteer Application

Legal Name: _____ Pronouns: _____
Preferred Name: _____ Birth date: _____
Address: _____ Zip code: _____
Home Phone: _____ Cell: _____
Email: _____

REFERENCES (Must have two non-family references)

Name: _____ Phone: _____
Relationship: _____
Name: _____ Phone: _____
Relationship: _____

EMERGENCY CONTACT

Name: _____ Phone: _____
Relationship: _____

CURRENT EMPLOYER/SCHOOL

Employer/School: _____ Phone: _____
Supervisor: _____

Why are you interested in volunteering with us? _____

Previous volunteer experience? _____

Skills, hobbies, and talents you bring? _____

Favorite kid's book? _____

VOLUNTEER PREFERENCES

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

- Volunteer Lead
(provide solo community programming, help oversee and develop SSRF programs, 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, drop-in hours)

AVAILABILITY

(Please check all that apply)

- Weekdays
- Mornings
- Weekends
- Afternoons
- Evenings

For office use only:		
	Date	Initial
WSP Run		
Interviewed		
Start Date		
Database		

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. The WSP background check requires we obtain this information as specified on your I.D.

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