



Town of Darrington
P.O. Box 397
1005 Cascade Street
Darrington, WA
98241

TOWN OF DARRINGTON

VOLUNTEER APPLICATION

Thank you for considering sharing your time and talents to help our Town. We look forward to working with you and helping you to have a satisfying and rewarding experience. All potential volunteers must complete an application, review and sign the Volunteer Policy and Procedures. Volunteers under the age of 15 years of age must have a parent/guardian present at all times while volunteering.

Please Print Clearly

Date: _____

NAME: **VOLUNTEER INFORMATION:**

LAST FIRST MIDDLE

PRESENT ADDRESS: _____

STREET CITY STATE ZIP

MAILING ADDRESS: _____

STREET CITY STATE ZIP

TELEPHONE NUMBER: () _____ MESSAGE NUMBER: () _____

ARE YOU OVER THE AGE OF 18? YES NO IF NO, GIVE DATE OF BIRTH: ___/___/___

EMERGENCY CONTACT NAME: _____

TELEPHONE NUMBER: () _____ RELATIONSHIP: _____

ARE THERE ANY MEDICAL CONDITIONS (ALLERGIES, OR OTHER LIMITAITONS) THAT COULD AFFECT YOUR ABILITY TO PERFORM CERTAIN TASKS? YES NO

IF YES, PLEASE EXPLAIN: _____

LIST ANY SKILLS, QUALIFICATIONS OR ADDITIONAL INFORMATION THAT MAY BE HELPFUL: _____

WHY WOULD YOU LIKE TO VOLUNTEER? _____

AVAILABILITY:

PLEASE CHECK ALL THAT APPLY:

	<input type="checkbox"/> ONCE A WEEK	<input type="checkbox"/> TWICE A WEEK	<input type="checkbox"/> ONCE A MONTH	<input type="checkbox"/> OTHER					
TIME	MON	TUE	WED	THUR	FRI	SAT	SUN		
AVAILABLE									
7:00 AM									
5:00 PM									

ARE YOU ABLE TO VOLUNTEER ON A REGULAR BASIS? YES NO

HOW MANY HOURS A WEEK CAN YOU COMMIT TO VOLUNTEERING? _____

WHEN COULD YOU BE AVAILABLE TO BEGIN VOLUNTEERING? (DATE) _____

VOLUNTEER SIGNATURE: _____ **DATE:** _____

