



Volunteer Application

DATE: _____

Personal Information:

Name: _____ Gender: _____ Ethnicity: _____

Address: _____ Apt/Suite/PO Box: _____

City: _____ State: _____ Zip: _____

Best Email: _____

Best Phone: _____ Other Phone: _____

Emergency Contact (name and day phone): _____

Professional Information:

Most Recent Employer: _____ Position: _____

Address: _____ Suite/Floor/Bldg.: _____

City: _____ State: _____ Zip: _____

Does your employer have a corporate volunteer matching program?
Does your employer support volunteering during work hours?

Education:

Highest Level of Education: _____

Are you currently a student? If so, where? _____

Additional education/training/certification: _____

References: -Please Print

Please list three professional references that are not relatives or friends (Name & Phone)



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Volunteer Experience:

Please list your most recent volunteer experience.

 (Name of organization) (Position) (Length of commitment)

 (Responsibilities)

 (Name of organization) (Position) (Length of commitment)

 (Responsibilities)

Demographics:

How did you hear about TAF?

- | | |
|--|--|
| <input type="checkbox"/> Friend/Co-worker | <input type="checkbox"/> TAF Website |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Radio/Television |
| <input type="checkbox"/> TAF Staff/Board Member: _____ | <input type="checkbox"/> Newspaper/Magazine: _____ |
| <input type="checkbox"/> TAF Volunteer: _____ | <input type="checkbox"/> Web: _____ |
| <input type="checkbox"/> TAF Student: _____ | <input type="checkbox"/> Other: _____ |

Preferences:

Would you like to receive our monthly e-newsletter? (Circle one) Yes/No

Which volunteer opportunities interest you? Please rank 1 - 4, with (1) being first choice

- ___ One-time Opportunities
- ___ Weekly Opportunities
- ___ Monthly Opportunities
- ___ Special Projects

Which age groups interest you? Please rank 1- 4, with (1) being first choice

- ___ Children 5-9
- ___ Youth 10-14
- ___ Not interested in working directly with kids

Which days and times are you available to volunteer? Mark with an (x) in appropriate box

	Afternoons (3 - 5pm)	Evenings (5 - 7:00pm)	Specifics:
Monday			
Tuesday			
Wednesday			
Thursday			



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Skills/Interests:

Are you fluent in languages other than English? _____

Which skills are you most interested in contributing to TAF (check all that apply)?

<p>Professional:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Marketing/Public Relations <input type="checkbox"/> Special Events <input type="checkbox"/> Other: _____ 	<p>Working Directly with Children and Youth:</p> <ul style="list-style-type: none"> <input type="checkbox"/> College/Career Counseling <input type="checkbox"/> Facilitating a student workshop <input type="checkbox"/> Job Shadowing <input type="checkbox"/> Tutoring/Homework Assistance <input type="checkbox"/> Other: _____
<p>Training:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Facilitating job readiness training or college workshops for teens <input type="checkbox"/> Facilitating professional development training for staff or volunteers <input type="checkbox"/> Other: _____ 	<p>Classroom Assistance:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Curriculum Development/Review <input type="checkbox"/> Programming <input type="checkbox"/> Network Administration <input type="checkbox"/> Web Design <input type="checkbox"/> Other: _____

Help TAF determine your volunteer needs/expectations:

1. Please describe your experience working with or volunteering with youth ages 5-14.

2. Please describe any experience relative to the assistance you are wishing to provide.

3. What are you hoping to gain from your experience?

4. Is there anything else you would like us to know about you (special needs, etc)?

Please Return to: Lynda Joko, Volunteer Program Coordinator
 Technology Access Foundation (TAF) 4436 Rainier Ave South Suite B, Seattle, WA 98118
volunteer@techaccess.org • (206)722-2369 ext 101 phone • (206) 725-9097 fax



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VOLUNTEER DISCLOSURE STATEMENT

Screening

All prospective volunteers who will be volunteering on a regular basis need to complete a Volunteer Application/Interest Survey and Background Check Form. All prospective volunteers will be checked against Sex Offender information pursuant to Washington State guidelines.

Please read the following statement and sign below acknowledging you are interested in becoming a volunteer authorizing Technology Access Foundation (TAF) to conduct a Child/Adult Abuse Information Act background check. Please allow up to 14 days to receive notification of reporting results. After successful completion, you will be notified upon your start date as a TAF volunteer.

I, _____, acknowledge that I have decided to volunteer with Technology Access Foundation (hereafter known as TAF). I acknowledge that I will receive no compensation from TAF for any of my volunteer services. I acknowledge that I am not an employee of TAF and I will not be considered an employee of TAF for any purpose. Furthermore, I acknowledge and understand that my volunteer services for TAF may be ended by me or TAF at any time and for any reason.

Applicant Signature

Date