

## Community SEEDS - Volunteer Form



### VOLUNTEER APPLICATION

Must be 16 years or older to volunteer.

*Please Print Legibly. Thank you!*

Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ Apt/Space/Ste # \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

- Have you volunteered with any other group(s)? ☐ NO ☐ YES

If YES, please provide group name(s): (Or provide this information on a resume)

Duties:

- Briefly, what skills/abilities can you share with our organization? In addition to this, a resume or one-page summary of your experience would be helpful.

- Why is it important to you to volunteer with an organization that works with people who have disabilities?

#### I would be most interested in:

☐ fundraising ☐ culinary ☐ horticulture

☐ cats ☐ legislative issues ☐ financial counselor

☐ parent coalition ☐ Advocates-In-Motion (AIM) ☐ mentor ☐ activities assistant

☐ events, specifically?: \_\_\_\_\_

☐ OTHER: \_\_\_\_\_

#### Time(s) Preferred:

☐ Morning ☐ Afternoon ☐ Evening

#### I AGREE TO:

☐ Background Check, if one is required of my position/duties.

☐ Mandatory Orientation, scheduled upon acceptance into the volunteer program. Additional training/instruction time may be required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you! You will be contacted soon about your interest in volunteering.**

**Return this completed form to:** Community SEEDS ▶ PO Box 1129/907 Vintage Valley Pkwy ▶ Zillah WA 98953

(509) 731-7761 ▶ Email: [seeds.yv@gmail.com](mailto:seeds.yv@gmail.com) [www.seedsyv.wix.com/communityseeds](http://www.seedsyv.wix.com/communityseeds)