1610 South King Street * Seattle * WA * 98144 * tel (206) 323-3152 * fax (206) 322-7632 volunteer@rroseattle.org

VOLUNTEER APPLICATION

For office use only	
Date Received	
Staff Initial	
Accepted?	

Legal Name:		Social	Security No:		
Address:		City:	State:	Zip:	
Date of Birth: _	_/_/	Drivers Lic	ense No:		
Phone No: () _	Phone No: () Alternative Phone No: ()				
Email:		Best time to be reached:			
Please mark "X"	in the time s	lots that you	are available	to voluntee	r
	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
errands d Work dire	hings you like nd the office: r uring the day (to do: nake follow-u (like going to t its: help with f	p phone calls, the post office)	schedule appo	ointments, run
☐ Work directly with staff: assist staff members in various programs administration					
Organize of donation of		ordinate ann	ual fundraising	g dinner, holid	ay parties,
mosques,		es to hand out	nity: visit local flyers and pro		enters, churches, ograms and to
networkir	•	as Facebook a	nity: set up an nd LinkedIn or		nd social oread awareness
ESL (Engli	sh as a Second	l Language) te	aching assistai	nt and tutor.	

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Please check the volunteer posit	ion that interests you:	I	
Refugee Resettlement Pr Assistant JumpStart Program Assi Employment Program A Quarterly Newsletter Ed	stant ssistant	☐ Event Planner ☐ Local Community Out ☐ Web Community Out	reach Developer
Why did you choose the vo			
What skills and experience	would you bring t	o the Refugee Resettleme	ent Office?
Have you ever volunteered	before? YES 🗖	NO □	
If yes, please provide the in experience:	ıformation regardi	ing your most recent volu	nteer
Name of agency:	Ph	one No:	
Address:	City:	State:	
Name of supervisor:			
How long did you voluntee	r there:		
What did you like best abo	ut your previous v	olunteer experience?	
What did you like least abo	out your previous v	olunteer experience?	

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	to learn from your experience hei	re?
		2 VIII C
Have you been con	nvicted of felony within the last 7 y	ears? YES □ NO □
References:		
1.		
Name	Relationship	Telephone No
2.		
Name	Relationship	Telephone No
3		
Name	Relationshin	Telephone No

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By my signature below, I authorize contact of references for my placement in a position, and to make any investigation of any personal, educational, vocational, or employment history. I further authorize any former employer, person, firm, corporation, educational or vocational institution, or government agency to provide the Refugee Resettlement Office with information they have regarding me. I herby release and discharge Refugee Resettlement Office and those who provide information from any and all liability as a result of furnishing and receiving this information, and I understand that this information is confidential.

Background Check:

By my signature below, I authorize the Refugee Resettlement Office to perform a check on my background including criminal record, driving record, past employment/volunteer history, educational/professional status, physician or therapist check and other persons, or sources as appropriate for the volunteer jobs in which I have expressed an interest.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work. I understand that information collected during this background check will be kept confidential.

Volunteer Policies and Procedures:

I understand that all RRO volunteers are subject to RRO's volunteer policies and may be in effect, a copy of which may be made available, and by my signature below I agree to be bound by the terms of such policies. I understand that such policies may be changed at any time without notice.

Volunteer Signature	Print Name
 Date	