VOLUNTEER APPLICATION



APPLICANT INFORMATION											
Last Name					First			M.I.		Date	
Street Address							Apartmer	nt/Unit #			
City			State			ZIP					
Phone	Phone				E-mail Address						
Are you 18 Years old or older?			re a valid Washington State ense?		YES NO I		If speciali type of lic	specialized, pe of license			
Your Current Occupation											
Have you volunteered with a no-profit organization before? Please tell us about your experience											
REFERENC	CES										
Please list tw	o refere	ences wh	ho will help us ι	ınderstand h	ow we can b	est work togethe	r.				
Full Name							Relations	ship			
Address							Phone				
Please describe how this reference knows of your skills / talents											
Full Name							Relation	ship			
Address							Phone				
Please describe how this reference knows of your skills / talents											
PLEASE TELL US HOW YOU WOULD LIKE TO VOLUNTEER TO HELP THE NEXT STEP AND OUR CLIENTS (Type of Volunteer work or classes you can offer, e.g., guest reception, administrative, teaching computer classes, after school program)											
I'd like to help the Next Step and the families and individuals we serve					Best Day(s)			ailable ies			
Please descritraining / expebe used in the expertise you	erience e area d	will of									
Any additiona you would like											

THE FINE PRINT								
I certify that my answers are true and complete to the best of my knowledge. I understand if this application leads to volunteer service, that false or misleading information in my application or interview may result in my release. I authorize Take the Next Step to request background information, including through the Washington State Patrol. I hereby release all parties and persons connected with the information request from claims, liabilities, and damages. If assigned volunteer service, I release Take the Next Step from any liability for future reference it might provide. I agree my volunteer service can be terminated without cause at my option or that of Take the Next Step.								
Signature	Date							
BACKGROUND CHECK AUTHORIZATION								
I hereby provide Take the Next Step with information required to complete a background check with the Washington State Patrol. I authorize Take the Next Step to request background information and release all parties and persons connected with the information request from claims, liabilities, and damages.								
Your full name as it appears on your Driver's License								
Have you been known as, or used other names (including a maiden name)? If so, please provide your maiden name, names, or aliases you have used.								
Have you ever been convicted of, or plead guilty to, any crime(s)?	YES NO							
Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?								
If you answered								

Thank you for working with us to offer friendship, help, and hope to our neighbors in need.

After completely filling in this form, please print the form and sign and date it in two (2) places:

Driver's License Number

- 1. Under "The Fine Print" to complete the application and
- 2. In Signature to authorize Background Check box

PHOTO ID IS REQUIRED

yes to either of the above questions, please describe in full.

• You may provide a photocopy (front only) of your ID or scan or take a photo and email to volunteer@ttns.org.

Please mail, deliver to our Resource Center, fax, or scan and send as an attachment to an email to: volunteer@ttns.org.

We will be in touch with you soon.

Signature to authorize Background Check

Take the Next Step is both an equal opportunity employer and a faith-based religious organization. This means that we conduct hiring without regard to race, color, ancestry, national origin, citizenship, age, sex, marital status, parental status, membership in any labor organization, political ideology, or disability of an otherwise qualified individual. The status of Take the Next Step as an equal opportunity employer does not prevent the organization from hiring staff based on their religious beliefs, so that all staff share the same religious commitment.

Take the Next Step • 202 South Sams Street • Monroe WA 98272 • 360.794.1022 • fax 360.217.7721 • www.ttns.org

State

Date