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Be a Leader. Volunteer.

**Welcome!**  
**Thank you for your interest in matching your group with**  
**Volunteers of America!**  
**GROUP VOLUNTEER APPLICATION**

**Who We Are:** *Volunteers of America Western Washington is a human service organization dedicated to reaching, serving and empowering diverse individuals, families and communities. We have nine programs serving families in crisis, children at risk, seniors, and adults with developmental disabilities. Our programs extend to Pierce, King, Snohomish, Skagit, Whatcom, Kitsap, Island and San Juan Counties.*

**For more information call the Volunteer Information Line at 425-212-5300 or visit:**  
[www.voaww.org](http://www.voaww.org)

Group/Organization Name:
Lead Contact Name:
Address:
Phone:
E-mail:

Number of Participants: \_\_\_\_\_ Age of Participants: \_\_\_\_\_ (1:5 ratio of adult to youth required)

**Please check the area(s) that you are interested in** (if interested in more than one area, rank order of preference from 1-3, with 1 being your first choice):

- Family & Children Services:** \_\_\_Preschool landscaping & gardening \_\_\_Family Night
- Everett/Greenwood Food Bank:** \_\_\_Portioning/sorting food \_\_\_Special Events (Holiday Basket Bureau, National Mail Carriers)
- Administrative Office:** \_\_\_Maintenance work such as painting, cleaning & manual labor tasks
- The Theodora in Seattle:** \_\_\_Performances (musical talents or theatre) \_\_\_Landscaping & painting
- Kiwanis Transitional Living Home:** \_\_\_landscaping & gardening \_\_\_Home Maintenance \_\_\_provide ongoing household items (bedding/cleaning supplies/food)
- Sky Valley Resource Center in Sultan:** \_\_\_Landscaping & painting
- Other:** \_\_\_\_\_



Which location area is most convenient for your volunteer group *(Please check all that apply)*?

Seattle  Everett  Sultan

How did you hear about us?

\_\_\_\_\_

Does your group have special skills or interests that you would like to incorporate into your volunteer activity?

\_\_\_\_\_

Group objective:

Team Building  Special Project  Educational  Community Service  Other

Please explain: \_\_\_\_\_

Group Availability *(please check appropriate box & list specific dates on schedule)*:

Time of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						

Are there any physical, age or other limitations that we should consider when assigning a project to your group?

\_\_\_\_\_  
\_\_\_\_\_

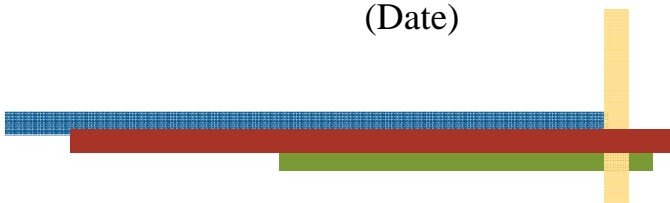
Half-way through your volunteer shift your group will receive a 15-minute mission-focused information session on Volunteers of America. It will also be a time for your group to ask any questions they might have about the agency. Please check the box below if you DO NOT wish to have this 15-minute information session included in your volunteer experience.

I DO NOT wish to receive the 15-minute informational session at break-time

I verify the above information is true, and by submitting this application, I acknowledge and agree that my group's volunteer position with Volunteers of America can be terminated with or without cause, and with or without notice at any time, at the option of either Volunteers of America Washington or your group. I authorize Volunteers of America Washington to solicit information regarding my character, general reputation, previous employment and similar background information, including a background check through the Washington State Patrol, and to conduct any and all references. I hereby release all parties and persons connected with any such request for information from all claims, liabilities, and damages for any reason arising out of the furnishing of such information I further understand that copies of this application will be kept in a personnel file as well as sent to those Volunteers of America programs and departments in which I have indicated interest. Volunteer covered by L & I. Volunteer drivers must have proof of insurance & valid driver's license to drive company or personal vehicle while serving.

\_\_\_\_\_  
(Team Lead Signature)

\_\_\_\_\_  
(Date)





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Volunteer Site:

Be a Leader. Volunteer.

## Welcome! Group Team Lead Agreement

Date \_\_\_\_\_ Lead Contact \_\_\_\_\_

Group or Organization's Name: \_\_\_\_\_

Group Volunteer Activities: \_\_\_\_\_

Hello & welcome! Volunteers of America could not function without the incredible work of its volunteers, and we thank you for deciding to dedicate some of your time to help us fulfill our community mission. To ensure a fun, productive & safe environment, we ask that your group adhere to the following guidelines during your service today:

- Group volunteers must identify a Team Lead that is responsible for the safety and well-being of group members. The Team Lead is expected to supervise and keep the group on task. The team lead will provide coordination and supervision for the group while volunteering
- The Team Lead will ensure all members adhere to rules and procedures
- It is the responsibility of the Team Lead to obtain & keep on-hand a signed parental consent form for any group members under the age of 18.
- It is the responsibility of the Team Lead to obtain a list of emergency contact information for each participant, which must also be kept on-hand during service.
- All volunteers must be age 13 or older. If under 18, volunteers must have a parental consent form. For volunteers under the age of 18, you must provide a 1:5 adult to youth ratio.
- Members of the group will sign-in and provide emergency contact information on day of volunteering.

\_\_\_\_\_  
Team Lead Signature

