



325 S. University Rd Suite 203 Spokane Valley, WA 99206 Phone: 509-385-2116

VOLUNTEER INFORMATION

Home Information *PLEASE PRINT*

Name: _____

Address: _____

City, State & Zip: _____

Phone: () _____ Fax: () _____

Email: _____

Junior Volunteer? Yes _____ Age _____ Date of Birth _____

Emergency Contact

Name: _____ Relationship: _____

Day phone: () _____ Evening phone: () _____

Employment

Current Employer:

Address _____

City, State & Zip: _____

Phone: () _____ Fax: () _____

May we contact you at work? _____ Yes _____ No _____

To which address would you like your mail sent? Home _____ Work _____

Is your volunteer service part of a court ordered program? Yes _____ No _____

Education

High School: _____ Date completed: _____

College: _____ Degree & Date: _____

Special Training: _____ Degree & Date _____

Are you presently attending school? _____

If so, name of school _____

Will you be receiving academic credit for your work?

Personal References

Please provide the names of the individuals who will be providing references. References should not be family members or significant others.

Name: _____ Relationship: _____

Day phone: () _____ Evening phone: () _____

Volunteer Experience

Have you served as a volunteer before? Yes _____ No _____ If Yes, please specify when and where:

Your Interests

What kind of volunteer work would you like to do? (Check all that apply)

_____ Ghost Ball (our signature fundraiser)

_____ Fundraising

_____ Grants Award Committee

_____ Other Committees (List upon request)

_____ Grant Writing

_____ Special Events

_____ Office Assistance

_____ Other – Please specify _____

VOLUNTEER AGREEMENT AND CONFIDENTIALITY STATEMENT

The mission of Elevations: A Children's Therapy Resource Foundation (Elevations) is "helping children with special needs reach their full potential by providing access to the resources and support they need to improve their overall quality of life." Elevations is a charitable organization relying on volunteer and community partners to assist children with special needs in the greater Spokane Area. We do not discriminate based upon economic, spiritual, or racial backgrounds.

As an Elevations volunteer, I agree to respect the rights, privacy, and perspectives of everyone I come into contact with in my capacity as a volunteer. I agree to not discuss families' private issues, diagnosis or treatment with anyone other than volunteers and staff and only as necessary to fulfill my duties. All volunteers are bound by a code of ethics intended to protect the volunteers, the families served, and the organization. I understand that as a representative of Elevations, my actions and conduct reflect on the image of the organization.

Furthermore, I agree to contact either the Volunteer Program Coordinator or the Executive Director with any questions, concerns, or problems associated with donors, potential donors, families served, clinical staff, or others that may arise in carrying out my duties. In the rare event that a conflict arises that cannot be resolved or there is a continual violation of policies, procedures, or guidelines, volunteer service will end.

I agree to follow all guidelines, policies, and procedures as presented to me.

Volunteer Signature

Date

Elevations Representative Signature

Title

Date

PARENTAL CONSENT FOR APPLICANTS UNDER 18 YEARS

Date _____

Signature _____
