

Lelooska Foundation

Volunteer Application

This form is to be completed in ink by any applicant for a volunteer position at the Lelooska Foundation. Your cooperation in completing this form in its entirety will assist us in our efforts to provide a secure environment for you as a volunteer as well as the children, youth and adults who come to our grounds and performances and special events.

Your responses will be maintained confidentially.

Name: _____ Daytime Phone: _____

Alias or Former Name(s): _____ Email: _____

Address: _____

Date of Birth: _____

History:

What skills can you bring to the Lelooska Foundation:

Experience:

What other work/volunteer experience do you have?

Organization	Role	Dates	Contact Name/Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Availability:

Describe any condition or limitation that might restrict or prevent you from performing certain activities involved with the Lelooska Foundation (i.e. lifting, carrying heavy objects, handling an emergency, participating with children, dealing with people, talking to the public, standing outside) Or times/dates you know you cannot volunteer.

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Do you have a contagious or infectious disease or condition which could be transmitted to others? Yes No If yes, please explain:

References: Please list three references other than relatives:

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Legal Questions:

Have you ever been convicted of a crime? **Yes** **No**

Has a conviction and finding been made against you? **Yes** **No**

Have you ever been convicted of a sexual offense, offense relating to children/youth or crime of violence (*that is not covered in the question above*)? **Yes** **No**

Have you ever been the subject of any disciplinary action, transfer or dismissal, been named as a defendant in a civil lawsuit, as a result of an accident or mishap involving children/youth? **Yes** **No**

Have findings been made against you in any civil adjudicative proceeding? **Yes** **No**

Application Verification and Release:

Please initial each box to verify that you have read and agree to each statement.

I realize that the Lelooska Foundation is relying on the information contained herein. Accordingly, I attest and affirm that all the information that I have provided is absolutely true and correct.

I authorize the Lelooska Foundation to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the foundation with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the Lelooska Foundation and any such person or entity listed herein from liability involving the communication of information relating to my background or qualifications.

I further authorize the Lelooska Foundation to conduct a background investigation including a background check through the Washington State Patrol.

I understand that filling out this form does not indicate there is a position open and does not obligate the Lelooska Foundation to provide you with a volunteer position. The Lelooska Foundation retains the right to revise its policies or procedures, in whole or in part at any time.

Signature: _____ Date: _____

Print Name: _____