



West Central Community Center

1603 N Belt - Spokane, WA 99205
(509) 326-9540 westcentralcc.org



Volunteer Application

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We do not discriminate in the recruitment, hiring, and conditions of our volunteers on the basis of race, color, religion, creed, national origin, sex (including pregnancy), age, marital status, disability, veteran status, and any other status as protected by applicable law. WCCC encourages candidates with disabilities to request accommodations, when needed, for testing; recruitment; the interview process; or to enjoy the benefits and privileges of employment. If you have an accommodation need, please notify the WCCC Front Desk. No question on this application is intended to secure information to be used in a discriminatory manner. WCCC is a drug free and smoke free work place.

(Please print or type all information and answer all questions completely)

First Name

Middle Initial

Last Name

Address including Zip Code

Home Phone #

Cell Phone #

Message Phone #

Email Address:

Emergency Contact: Name: _____

Relationship: _____ Phone: _____

WCCC is a drug free and a smoke free workplace. Do you have a condition that would keep you from performing your position under this provision? Yes No Do you smoke? Yes No

Why are you interested in volunteering with our organization?

How often do you wish to volunteer at WCCC?

Recurring (Frequency: _____)

One-time/ Special Event

Short-term (for educational, Community service purposes)
How long? _____

Other

If you have been convicted of any crime and/or imprisoned/jailed in the last seven (7) years, you must complete a Conviction/Criminal History Information Form. Failure to disclose this information will cause your application or possible volunteer placement to be terminated for misrepresentation or omission. Please contact the HR office at (509) 326-9540 to request the form.

Other Qualifications, certifications or special skills or experience:

Summarize special job-related skills and qualifications acquired from employment or other experience. Describe any special accomplishments or equipment operated. State any additional information you feel may be helpful to us in your time volunteering with us.

Program Information:

If applicable, please indicate the type of volunteer opportunity or program(s) you hope to be affiliated with:

- Learning Skills Center Community Inclusion Youth Development
- Maintenance Special Events

Applicant's Statement:

I certify that I have read and understand all questions and statements contained in this application, further, that all statements I have made herein are true and correct to the best of my knowledge and belief.

I understand and consent to reference and criminal history check. This inquiry may include computer database searches, criminal history checks (including a Washington State Patrol Request for Criminal History Information Child/Adult Abuse Information Act RCW 43.43.830 through 43.43.845 –WATCH report), interviews with people acquainted with me, employers or references. I understand the information will be kept confidential to the extent permitted by law.

I release and hold harmless the West Central Community Center, its agents and employees, and all references or other sources of information from any and all liability in obtaining or providing such information about me. I agree that should I be offered a position with the West Central Community Center and it is determined that I have provided false or incomplete information, the West Central Community Center may revoke my offer to volunteer.

I authorize the company to supply my record, in whole or in part, and in confidence, to any government agency, or other party with a legal and/or proper interest.

I understand and accept that my volunteer time is conditional upon my satisfactorily passing a drug screening, if one is requested. This is to be given by a physician, clinic or other health care provider selected by the Center.

I understand and agree that if this position requires the handling of funds or other valuables a credit report may be required and evaluated as part of the candidacy process.

In the event of volunteer placement, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that my volunteer placement is provisional and conditioned upon verification of no criminal or other history which would disqualify me from volunteering based on WCCDA policy, rules, regulations or any other stipulations imposed/required in the administration of its programs or activities. I understand I am required to abide by all rules and regulations set forth in the company's policy manual or other communications distributed to all employees and volunteers.

Signature of Applicant

Date

HOW DID YOU FIRST HEAR ABOUT THIS OPPORTUNITY?

(Please select one. For statistical purposes only)

How Did You Learn About Us?

- Newspaper Social media Walk In
- Relative Internet Posting Volunteer Fair Other _____