



**POSITIVELY LINKED
VOLUNTEER FORM**

DATE: _____

NAME: _____

ADDRESS: _____

CITY: _____ **ST:** _____ **ZIP:** _____

PHONE #: _____ **EMAIL:** _____

OCCUPATION: _____

EDUCATION/WORK HISTORY: _____

Hours of the day you are available: _____

Days of the week you are available: _____

Interests/ In which areas are you best suited to volunteer?

Special Skills or Qualifications: Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?

Previous Volunteer Experience: Have you worked as a volunteer before? If so, what did you do?

List Memberships in Clubs And Organizations:

Why are you interested in a volunteer position with Positively Linked?

Language(s) Spoken:

Explain a time when you were in a stressful situation and how you worked through it.

What do you do for self-care?

Do you have any criminal convictions (Other than parking violations and juvenile offenses?)

Yes- No- If yes, please describe _____

Person to Notify in Case of Emergency Name: _____

Street Address: _____

City, ST ZIP Code: _____

Home/Cell Phone: _____ **Work Phone:** _____

E-Mail Address: _____

Please list two character references (not relatives) Name, Email address, phone

1. _____

2. _____

Agreement and Signature By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that a background check will be run as a condition of my acceptance to volunteer.

Signature: _____

Date: _____

Send completed form to:

Info@positivelylinked.org

Or

221 E Sleeper Rd

Oak Harbor, WA 98277