

INTERLINK, INC.  
**EVERYDAY HEROES FACE TO FACE**  
817A 6<sup>th</sup> Street, Clarkston WA 99403-2002  
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509-751-9143 FAX 509-751-9819  
**VOLUNTEER APPLICATION**  
(Please Print)

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: F \_\_\_\_\_ M \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_

Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

May we contact you at work for requests? Yes \_\_\_\_\_ No \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of emergency, please contact \_\_\_\_\_

Relation to you \_\_\_\_\_ Home No. \_\_\_\_\_ Work No. \_\_\_\_\_

Church Affiliation (if any) \_\_\_\_\_

**Skills** I am willing to share:

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Local Transportation     | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Home Repair |
| <input type="checkbox"/> Long-distance Transports | <input type="checkbox"/> Yard Work    | <input type="checkbox"/> Plumbing    |
| <input type="checkbox"/> Shopping                 | <input type="checkbox"/> Moving       | <input type="checkbox"/> Electrical  |
| <input type="checkbox"/> Friendly Visitor         | <input type="checkbox"/> Wash windows | <input type="checkbox"/> Carpentry   |

Other (Explain) \_\_\_\_\_

**Committees** I am willing to work on:

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Volunteer Appreciation | <input type="checkbox"/> Fund Raising     | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Volunteer Recruitment  | <input type="checkbox"/> Public Relations |                                       |

Special Training / Schooling / Languages \_\_\_\_\_

Special Interests, Skills or Hobbies \_\_\_\_\_

Who or what prompted you to volunteer? \_\_\_\_\_

References: Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone No. \_\_\_\_\_

Would you prefer working with: Man \_\_\_\_\_ Woman \_\_\_\_\_ Child \_\_\_\_\_ All \_\_\_\_\_

Have you had CPR training within the last year? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own a car?  truck?  Do you carry insurance on your vehicle? Yes \_\_\_\_\_ No \_\_\_\_\_

Idaho State, or Washington State, Driver's License Number \_\_\_\_\_

(Attach a photocopy of your CURRENT proof of auto insurance and drivers' license when returning this form.)

Do you agree to submit to a background check? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a police record? Yes \_\_\_\_\_ No \_\_\_\_\_

List your availability or preferences (example: No Monday mornings, etc.) \_\_\_\_\_

Any health limitations, allergies or other concerns, we should be aware of? \_\_\_\_\_

