

INTERLINK, INC.
EVERYDAY HEROES FACE TO FACE
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VOLUNTEER APPLICATION
(Please Print)

Full Name _____

Social Security Number XXXX - XX - XXXX 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? _____

