

Volunteer Application

Contact Information

Print Full Name <i>(include middle name)</i>	First _____ Middle _____ Last _____
Street Address (City,St.ZIP)	
Mailing Address (City,St.ZIP)	
Cell Phone	
E-Mail Address	T-shirt Size

Availability

During which hours are you available for volunteer opportunities?

___ Weekdays ___ Weekends ___ Anytime

Interests

Tell us in which areas you are interested in volunteering or add your own.

Seeds of Hope:	Other Skills/Interest:
___ Shop for Family items	___ Administration
___ Other <i>write in</i> _____	___ Building/Construction
___ Other <i>write in</i> _____	___ Cooking
	___ Data entry/Paperwork
Special Events:	___ Field/Outdoor work
___ Trivia Night	___ Fundraising
___ St. Pat's Dash	___ Marketing/Design
___ Other <i>write in</i> _____	___ Photography
	___ Promo table/advertising
	___ Set-up or Tear Down
Golf Tournament:	___ Sewing/Crafts/Floral
___ Soliciting auction items	___ Speaking
___ Registration	___ Grant writing
___ Hole Games	___ Volunteer coordination
___ Set-up	___ Video/Technical
___ Clean Up	___ Other <i>write in</i> _____
___ Other <i>write in</i> _____	
___ Other <i>write in</i> _____	

Please return Volunteer Application

Email: infowa@SeeYaLater.org

Mail: PO Box 8 Auburn WA 98071

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Special Skills or Qualifications or Hobbies

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies (handcraft/make items) or sports.

Credentials (optional)

Please list any Credentials you may have. [Medical, Professional, etc.]

Volunteer Interest

Summarize the volunteer interest you have with "See Ya Later" Foundation.

Request for Background Records Check if you want to work with children

Annual background checks may be administered.

Today's Date	
Signature	
Aliases/Maiden Name (if applicable)	
Date of Birth (mo/day/yr)	Male _____ or Female _____
Place of Birth	
Social Security Number	
Previous Street Address 1	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

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