



Volunteer Application

If you have questions, please call:
509.735.1295 option 2
Monday-Friday 8:30 am – 5 pm

Please type or print clearly in ink

Date of Application: _____

Personal Information

Full Legal Name:

(Last) (First) (Middle)

Current Address:

Phone: _____

Cell Phone: _____

Email Address: _____

Availability

Are you available to volunteer:

- Days: ()
- Nights: ()
- Weekends: ()
- Full-Time: ()
- Part-Time: ()

Days and Hours Available:

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

List any relatives employed by DVSBF:



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Education

List all educational institutions attended (most recent first):

Institution Name	Graduated (Yes/No)	Degree/Certificate
High School		
College/University		
Other (Technical/Specialized)		

Relevant Skills, Training, or Achievements:

Criminal History

Have you ever been convicted of a felony or a crime against children, developmentally disabled persons, or vulnerable adults?

- Yes ()
- No ()

If yes, please provide details (when, where, offense):

Employment History

List your employment history for the past 5 years (most recent first). Use additional pages if necessary.

Employer Name	Position and Responsibilities



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References

Please provide three references (not relatives or employers):

Name	Phone Number	Relationship

Applicant Statement and Release of Information

I certify that all information I have provided in this application is true, complete, and accurate. I authorize DVSBF representatives to contact references, employers, educational institutions, and any other relevant entities to verify the accuracy of the information provided. I waive all rights and claims against DVSBF and any third party for providing such information.

I understand this application will remain active for 60 days. If I wish to be considered for volunteer opportunities after this period, I will need to submit a new application.

I acknowledge that my volunteer service is contingent upon a background check confirming no disqualifying convictions. Any false, incomplete, or misleading information provided may result in disqualification or termination of my volunteer service.

By signing below, I affirm that I have read, understand, and agree to the terms stated above.

Signature: _____

Date: _____

Equal Opportunity Statement

DVSBF is committed to providing equal access to programs, services, and volunteer opportunities. Applicants requiring reasonable accommodations for the application or interview process should contact a DVSBF representative.