# SG_Logo_3Color [Converted]Volunteer/Intern Application

**VOLUNTEER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |       | Birthdate\*: |       |

|  |  |  |
| --- | --- | --- |
| Phone: |       | Select One: [ ]  Cell [ ]  Home [ ]  Business |

|  |  |
| --- | --- |
| Email: |       |

|  |  |
| --- | --- |
| Address: |       |

|  |  |
| --- | --- |
| City, State and Zip: |       |

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| --- | --- | --- |
| Employer: |       | [ ]  My employer will match volunteer hours  |

\* Birthdate is requested in order to expedite our annual background checking process. If you are under 18, please note that an underage waiver must be signed by your parent or guardian prior to volunteering. If you are 55 or older, you are eligible for enrollment in the Retired & Senior Volunteer Program of Solid Ground (RSVP), and will be contacted for more information.

**POSITION INTEREST**

Is there a specific program or position that you are applying for?

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If not, what kind of volunteer activities are you interested in? Please check all that apply.

[ ]  Wherever I’m needed most

[ ]  Childcare and play groups

[ ]  Working with domestic violence survivors

[ ]  Community outreach and advocacy

[ ]  Growing/harvesting produce

[ ]  Construction/maintenance

[ ]  Tutoring/activity groups for children and youth

[ ]  Social media, blogs, internet/computer support

[ ]  Special events and one-time opportunities

[ ]  Administrative support and data entry

[ ]  Pickup and delivery

[ ]  Resource development and fundraising

[ ]  Cooking and nutrition education classes

[ ]  Translation/interpretation; Languages:\_\_\_\_\_\_\_\_

[ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to a vehicle that you would be willing to use while volunteering? [ ]  Yes [ ]  No

If yes, please specify: [ ]  Car [ ]  Truck [ ]  SUV [ ]  Van [ ]  Other

What are you looking for in a volunteer/intern experience?

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Why would you like to volunteer with Solid Ground?

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When are you available to volunteer? (Check all that apply):

[ ]  Mornings

[ ]  Afternoons

[ ]  Weekdays

[ ]  Weekends

[ ]  Evenings

If availability is not included, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you volunteered before? If so, please briefly describe your previous experience:

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What are some skills or experience that you would like to contribute and/or gain?

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Please describe your experience working with people living on low incomes from diverse backgrounds (this may include race, culture, sexual orientation, socioeconomic, age, etc.):

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**REFERENCES**\*

References are contacted to help determine appropriate and rewarding volunteer positions, and in any case where a volunteer is working with children and/or vulnerable adults. Work, volunteer, school or personal references (excluding family members or spouse/partners) are acceptable.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Relationship: |       |
| Email: |       | Phone: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Relationship: |       |
| Email: |       | Phone: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Relationship: |       |
| Email: |       | Phone: |       |

**\*** References are only contacted for positions working with children and/or vulnerable adults. If you have any questions as to who can or can’t serve as a reference, please contact the Volunteer Coordinator.

**EMERGENCY CONTACT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Phone: |       |

**AUTHORIZATION (required)**

I certify that the answers given in this application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended, to be a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with Solid Ground.

**CONFIDENTIALITY AGREEMENT (required)**

In signing this agreement, I acknowledge that I have read and understand Solid Ground’s confidentiality policies. I understand and agree that in the performance of my duties as an employee or volunteer of Solid Ground, I must hold certain information regarding clients, employees and volunteers in the strictest confidence.

Further, I understand that confidentiality is protected by Federal law (42CF R Part II and Uniform Health Care Information Act) and that any intentional or involuntary violation of the confidentiality with regard to clients, employees and/or volunteers may result in disciplinary action including suspension and/or termination.

**LIABILITY RELEASE (required)**

I hereby release, indemnify and hold harmless Solid Ground, its officers, directors and employees, and the organizers, sponsors and supervisors of all Solid Ground activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with Solid Ground.

**MEDIA RELEASE (optional)**

In signing below, I agree to be photographed, videotaped and/or recorded by Solid Ground while participating in the volunteering with Solid Ground. I understand that Solid Ground will own rights to and may use this media (photographs, videotape, recordings and/or my statements), in whole or part, in Solid Ground materials such as printed publications, Solid Ground website ([www.solid-ground.org](http://www.solid-ground.org)), videos, social media, grant proposals and promotional materials to support Solid Ground and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos and/or story to be used, I agree to contact the Solid Ground Communications Department at publications@solid-ground.org or 206.694.6716. Once requested, Solid Ground will not create new materials using participants’ media – but we may continue to use already printed materials until we can make replacements.

      (Initial) **Authorization**

      (Initial) **Confidentiality Agreement**

      (Initial) **Liability Release**

      (Initial) **Media Release**

|  |  |  |  |
| --- | --- | --- | --- |
| Volunteer signature: |  | Date: |  |

\*Solid Ground keeps intake information confidential and does not share personal information with any outside entities. Your contact information is used only to keep you updated on Solid Ground’s activities and partnership opportunities. If you have any questions, please contact our **Volunteer Coordinator** at **206.694.6825** or **volunteers@solid-ground.org**.

**APPLICANT DATA SUPPLEMENT (Optional)**

This optional set of questions helps Solid Ground's Volunteer Center track various data. The information requested is voluntary; you are not required to provide it. Responses to these questions will be removed from your application packet by our Volunteer Coordinator prior to distribution for screening and selection. Thank you!

|  |  |  |
| --- | --- | --- |
| Sex/Gender Identity: [ ]  Male [ ]  Female [ ]  Other:        |  |  |

**ETHNIC/RACIAL BACKGROUND**

If you are a person with a multi-racial or multi-cultural background, please check all appropriate boxes.

[ ]  American Indian or Alaska Native [ ]  Asian [ ]  Black or African American [ ]  African

[ ]  Caucasian [ ]  Hispanic or Latino [ ]  Native Hawaiian or Pacific Islander [ ]  Two or More Races

[ ]  Other:

**OTHER INFORMATION**

Are you a veteran? [ ]  YES [ ]  NOAre you living with a disability? [ ]  YES [ ]  NO

If yes to a disability, do you have the ability, with or without reasonable accommodation, to perform the essential function of the position for which you are applying? And if "no," please explain:

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How did you learn about this opportunity? (check all that apply)

[ ]  Friend or Relative [ ]  Event/Fair [ ]  Newspaper Advertisement [ ]  Solid Ground Employee

[ ]  Solid Ground Website [ ]  Other:

Do you have relative(s) and or friend(s) employed by Solid Ground? If yes, please specify:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Relationship: |       |
| Job Title: |       | Location: |       |

**Please send or email your completed application to:**

Solid Ground, attn. Volunteer Coordinator

1501 N 45th St, Seattle, WA 98103-6708 or **volunteers@solid-ground.org**

PHONE: **206.694.6825** FAX: **206.694.6777** TTY: **7.1.1**