***At Solid Ground, we believe poverty is solvable – but we can’t do it alone!***  *Our volunteers are invaluable. Like us, they are dedicated to undoing racism and promoting social justice. Together we meet basic needs, nurture success, and spread change.*

***PLEASE NOTE:*** *All sections marked with* **\*** *are required; you may mark sections not applicable to you with N/A.*

**VOLUNTEER INFORMATION Today’s Date: / /**

**First Name:\* Last Name:\* Pronouns:** *he/him, she/her, they/them, etc.*

**Phone:\* ( ) Email:\***

**Home Address:\***

**City:\* State:\* Zip:\***

**Employer:**

**My employer matches volunteer hours** 🞎 **Yes** 🞎 **No I’d like to volunteer for school credit** 🞎 **Yes** 🞎 **No**

**Birthdate:\* / / *Note:*** *Birthdate is required for our annual background check process. If you are 55 or older, you are eligible for enrollment*

*in RSVP (Retired and Senior Volunteer Program) and will be contacted with more information on how to become a member. Also, if you are under 18, your parent or guardian may need to sign an Underage Volunteer Waiver.*

**VOLUNTEER POSITION INTEREST**

**Are you applying to a specific program or position?\***   
 **What kind of volunteer activities are you interested in? Please check all that apply.**

🞎 Administrative and program support, e.g., data entry

🞎 Childcare or play and nature groups at our Broadview  
 domestic violence shelter and transitional housing

🞎 Tutoring and activity groups for children and youth at   
 Sand Point Housing

🞎 Gardening, growing, and harvesting produce at Marra   
 Farm in South Park

🞎 Community Food Education cooking/nutrition classes

🞎 Magnuson Park Food Pantry at Sand Point Housing

🞎 Special events

🞎 Community outreach

🞎 Solid Ground Board of Directors

🞎 Translation 🞎 Interpretation ***List language(s):***

🞎 Other:

**Where are you able to volunteer?***Please note that not all opportunities are available at all locations.*

🞎 **Any location** 🞎 **North Seattle** 🞎 **Central Seattle** 🞎 **South Seattle** 🞎 **West Seattle** **Comments:**

**Have you volunteered at Solid Ground before? If yes, please list your volunteer role(s):**

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

**Why would you like to volunteer with Solid Ground? What are some skills or experience that you would like to contribute and/or gain?**

**Solid Ground’s race and social justice efforts build on the understanding that undoing poverty means undoing racism and other oppressions. Please describe your experience and interest in working with people living on low incomes from diverse backgrounds (this may include race, culture, gender, sexual orientation, religion, socioeconomics, age, etc.):**

**How did you learn about volunteering at Solid Ground?**

🞎 Friend/relative 🞎 Facebook or Instagram 🞎 Solid Ground website 🞎 RSVP (Retired and Senior Volunteer Program)

🞎 Solid Ground employee: (please specify):

🞎 News outlet (please specify):

🞎 Event (please specify):

🞎 Other (please specify):

**EMERGENCY CONTACT**

**First Name:\* Last Name:\***

**Phone:\* ( ) Email:\* Relationship:\***

**BENEFICIARY INFORMATION**

*Volunteer Supplemental Accident & Liability Insurance is available if you get injured while you are volunteering at Solid Ground (including a small death benefit). Please provide your beneficiary’s contact information here:*

**First Name: Last Name:**

**Phone: ( ) Email: Relationship:**

**Address:**

**City: State: Zip:**

**REFERENCES**

*We contact references for all volunteer positions that work with children or vulnerable adults. Work, volunteer, school, or personal references (excluding family members or spouse/partners) are acceptable. We contact references after a prospective volunteer attends an orientation. Two references are required.*

**First Name:\* Last Name:\***

**Phone:\* ( ) Email:\* Relationship:\***

**First Name:\* Last Name:\***

**Phone:\* ( ) Email:\* Relationship:\***

**First Name: Last Name:**

**Phone: ( ) Email: Relationship:**

**AUTHORIZATION\***

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.

      (Initial) **Authorization\***

**COVID-19 SCREENING AGREEMENT\***

I agree to read and complete Solid Ground's COVID-19 self-screening assessment before each volunteer shift. Solid Ground works in alignment with Public Health – Seattle & King County to fight community transmission of COVID-19. Staff, volunteers, and visitors are asked to stay at home if they have COVID-19, feel at all unwell, or have been exposed to people who have COVID-19 or its symptoms. This screening tool, adapted from the Washington State Department of Health, helps folks identify if they fall under those categories.

      (Initial) **COVID-19 Screening\***

**CONFIDENTIALITY AGREEMENT\***

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.

      (Initial) **Confidentiality Agreement\***

**LIABILITY RELEASE\***

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.

      (Initial) **Liability Release\***

**MEDIA RELEASE *(optional)***

In initialing and signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with Solid Ground. I understand that Solid Ground will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in Solid Ground materials such as printed publications, the Solid Ground website ([**www.solid-ground.org**](about:blank)), 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**](mailto: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) **Media Release**

**Volunteer Signature:\* Date: / /**

***Please note:*** *If you are under 18, your parent or guardian may also need to sign an Underage Volunteer Waiver.*

**OPTIONAL: Supplemental Data Questions**

*The following questions help Solid Ground track various demographic data; this information will not be used for screening and placement.*

**Are you a veteran?** 🞎 Yes 🞎 No **Are you living with a disability?** 🞎 Yes 🞎 No

**Ethnicity** 🞎 Hispanic, Latinx, or Spanish Origin 🞎 Not Hispanic, Latinx, or Spanish Origin

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

🞎 American Indian, Native American, or Alaska Native

🞎 Asian or Asian American

🞎 Black or African American

🞎 Native Hawaiian or Pacific Islander

🞎 White

🞎 Multiracial (any two or more of the above)

🞎 Other (please specify):

***Please submit your completed application and*** [***signed Washington State Patrol background check form***](https://www.solid-ground.org/wp-content/uploads/2015/10/WSP-BackgroundCheckForm_Attachment.pdf) ***to Solid Ground’s Volunteer Coordinator by email, fax, or mail:*** [**volunteers@solid-ground.org**](mailto:volunteers@solid-ground.org) | **PH:** 206.694.6781 | **FAX:** 206.694.6777 | 1501 North 45th Street, Seattle, WA 98103-6708