



Volunteer Application

Basic Information

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Telephone (home): _____ (cell): _____

Email address: _____

Occupation: _____ Employer: _____

Race/Ethnicity (optional): _____

Are you doing Service Learning? _____ If yes, number of hours needed? _____ By _____

Emergency Contact Information

Name: _____ Relation: _____

Address: _____

Telephone: _____

Which areas are you interested in volunteering? (Must be 18 years or older to volunteer with the After School Program and Food Bank.)

- | | |
|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Food Bank |
| <input type="checkbox"/> Event Preparation (Cinco de Mayo, Dia de los Muertos etc) | <input type="checkbox"/> Homeownership Department |
| <input type="checkbox"/> Day of Event Help | <input type="checkbox"/> After School and Child Development Center |
| <input type="checkbox"/> Marketing and Community Outreach | <input type="checkbox"/> Senior Activities |
| <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Kitchen |
| | <input type="checkbox"/> ESL/Citizenship Tutoring |

What kind of commitment are you interested in?

- Daily Weekly Monthly

Official Use Only

- Background check Entered in Database Tour and orientation Placed _____
- On-call

Availability (Please be as specific as possible in regard to the times you are available for volunteering.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am-12							
12pm-6							

Please indicate which of the following **skills** you have so that we can better match you to a program.

- Event Planning
- Fundraising
- Gardening/Landscaping
- Carpentry/Construction
- Other: Please specify: _____
- Computer Skills. What specifically? _____
- Multilingual If checked, which languages? _____
- Food Service. Are you licensed? _____

Why do you want to volunteer with El Centro de la Raza?

How did you hear about El Centro de la Raza?

- Website/Internet Search
- Friend/Relative
- Other. Please specify: _____
- At a Community Event. Which one? _____
- At School. Which one? _____

Have you ever been convicted of a felony, sexually related crime or child abuse related offenses?

Yes No

If yes, please describe the nature of the offense, the date, and jurisdiction where it occurred.

**Please note that El Centro de la Raza routinely runs background checks with the Washington State Patrol on all volunteers prior to service but a criminal record does not automatically preclude you from serving as a volunteer.*

ALL PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL

Please e-mail your completed application to: volunteer@elcentrodelaraza.org or mail it to Sarah Haywood, El Centro de la Raza, 2524 16th Ave. S, Seattle, WA 98144, 206.957.4602. You may also fax it to 206.329.0876.

Official Use Only-Interview and Other Notes

El Centro de la Raza
ACCIDENT WAIVER AND RELEASE FROM LIABILITY
IMPORTANT-READ BEFORE SIGNING

In consideration of my application, and permitting me to volunteer; I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me.

I acknowledge that participation in volunteer activities carries with it the potential for death, serious injury and property loss. The risks include but are not limited to weather, equipment, actions of other peoples, even/supervisors, organizers, and materials being handled. These risks are inherent within any given volunteer opportunity.

I FULLY ACCEPT AND ASSUME ALL RISKS OF PARTICIPATING IN VOLUNTEERING AT EL CENTRO DE LA RAZA AND ACCEPT PERSONAL RESPONSIBILITY FOR ANY DAMAGES AND EXPENSES ARISING FROM MY PARTICIPATION

I acknowledge that this Accident Waiver and Release from Liability is made for the benefit of El Centro de la Raza.

I will indemnify and hold harmless any and all Releases from any and all liabilities or claims made by other individuals or entities as a result of my action or omissions during my term of volunteering for El Centro de la Raza. I consent to receive emergency medical treatment, which may be deemed necessary in the event of an injury or accident. This Accident Waiver and Release from Liability shall be constructed broadly to provide a release and waiver to the maximum extent under possible applicable law. It shall not be modified in any way. If any part of this Accident Waiver and Release from Liability is determined invalid by law, all other parts of this waiver shall remain valid and enforceable.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENT. IF PARTICIPANT IS A MINOR I CERTIFY THAT I AM THE PARTICIPANT'S PARENT OR LEGAL GUARDIAN AND EXECUTE THIS ACCIDENT WAIVER AND RELEASE FORM LIABILITY ON BEHALF OF PARTICIPANT.

Print Participant's Name _____

Print Parent or Guardian Name if Participant is a Minor _____

Signature _____

Date _____