

Edmonds Waterfront Center

Home of the Edmonds Senior Center

Connecting & Enriching Our Community

PO Box 717 • Edmonds WA 98020 • (425) 774-5555 • www.edmondswaterfrontcenter.org

Edmonds Waterfront Center: Volunteer Application

Today's Date _____

Last Name	First Name	Middle Initial
Current Address	City	State Zip Code
Home Phone	Cell Phone	Email Address
Education/Special Training	Highest Grade Level Completed	
Employer's Name/School's Name	Occupation/Academic Major	

Why are you interested in volunteering for Edmonds Waterfront Center?

Are you at least 18 years of age? Yes ____ No ____ If No, please provide Parent's/Guardian's Name and

Phone number(s): Home Phone _____ Cell Phone _____

How did you hear about our Volunteer Program? Referral Friend Media Ad School

Are you required to volunteer? If yes, please explain.

Volunteer Experience (list most recent service positions):

Position: _____ Position: _____

Agency: _____ Agency: _____

Service Dates: _____ Service Dates: _____

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Placement Preferences: Indicate 1st (____), 2nd (____), and 3rd (____) choice

1. ESC Thrift Store
2. Front Desk (1st floor)/Medical Clinic (2nd floor) Reception
3. Class Instructor
4. Activity/Group Facilitator
5. Docent
6. Event Monitor
7. Clerical & Admin Assistance/Bulk Mailing
8. Special Event/Community Breakfast/Fundraiser Assistance
9. Trip Host/Hostess
10. CDL Bus Driver
11. Facilities
12. Other: _____

Please indicate any physical restrictions:

What is your availability?

Duration of Volunteer Services:

One Time: _____ 1-3 months: _____ More than 3 months: _____ On-call: _____

Other: _____ to _____

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Emergency Contact: In the event of an emergency, please list the person you would want notified.

Name

Relationship

Please Read and Sign Below:

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that if I am accepted as a volunteer, my volunteer relationship at Edmonds Waterfront Center (EWC) will be of indefinite duration and that either EWC or I will be free to terminate this volunteer relationship at any time. I further understand that, if accepted as a volunteer, any representation or material omission on this application which becomes known to EWC may result in my immediate dismissal as a volunteer. I understand that if I am under the age of 18 years of age and/or attending high school I will need parental consent. I agree that all work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.

I authorize Edmonds Waterfront Center to conduct a Criminal Background Check.

I acknowledge that I have read and understand the preceding statements.

Signature:

Date:

Parental Signature (if applicable):

Date:

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