

**VOLUNTEER APPLICATION**

**PERSONAL INFORMATION:**

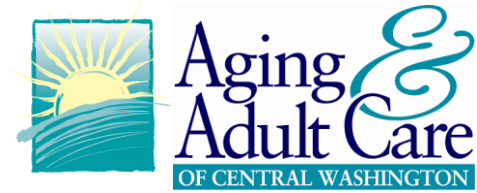
E-MAIL ADDRESS:					
LAST NAME:		FIRST NAME:		MIDDLE INITIAL:	
PRESENT ADDRESS:					
PERMANENT ADDRESS:					
PHONE NUMBER:					
If related to anyone in our employ – please state their name and Department:					

**VOLUNTEER POSITION DESIRED:**

POSITION:		DATE AVAILABLE:	
Location where you prefer to conduct your volunteer service:			
CITY:		COUNTY:	
		PREFERRED SITE:	
Please specify the days/times you are available for volunteer service:			

**PLEASE TELL US ABOUT YOUR SPECIAL INTERESTS AND HOBBIES:**

**WHY DO YOU FEEL VOLUNTEERING FOR 'AGING & ADULT CARE OF CENTRAL WASHINGTON' WILL BE A GOOD FIT FOR YOU:**

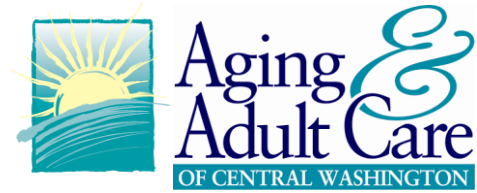


ACTIVITIES: CIVIC, ATHLETIC, ETC. PLEASE EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS:

PLEASE TELL US ABOUT ANY PREVIOUS AND/OR CURRENT VOLUNTEER WORK – INCLUDE NAME AND LOCATION OF ORGANIZATION:

EDUCATION:

SCHOOL NAME & LOCATION:	DATES ATTENDED:	GRADUATE:



**EMPLOYMENT HISTORY:**

1.	PRESENT OR LAST EMPLOYER:			
YOUR TITLE:				
SPECIFIC DUTIES:				
LENGTH OF EMPLOYMENT:			PHONE NUMBER:	

2.	PREVIOUS EMPLOYER:			
YOUR TITLE:				
SPECIFIC DUTIES:				
LENGTH OF EMPLOYMENT:			PHONE NUMBER:	

3.	PREVIOUS EMPLOYER:			
YOUR TITLE:				
SPECIFIC DUTIES:				
LENGTH OF EMPLOYMENT:			PHONE NUMBER:	

**IN CASE OF EMERGENCY NOTIFY:**

NAME:			
ADDRESS:		PHONE:	

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal.

DATE:		SIGNATURE:	
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PLEASE RETURN THIS APPLICATION TO: Lisa Bozett 1(800)572-4459 or (509)886-0700 ext. 206

AGING & ADULT CARE OF CENTRAL WASHINGTON  
 50 SIMON ST. S.E., SUITE A  
 EAST WENATCHEE, WA 98802  
[HTTP://WWW.AACCW.ORG](http://www.aaccw.org)

AGING & ADULT CARE OF CENTRAL WASHINGTON IS AN EQUAL OPPORTUNITY EMPLOYER  
 AND A DRUG-FREE WORKPLACE