



**JUBILEE**  
WOMEN'S CENTER

**VOLUNTEER APPLICATION**

The following information will assist us in matching your skills/interest with program needs. All personal information will be kept confidential.

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ home  
Address \_\_\_\_\_ cell  
\_\_\_\_\_ business  
\_\_\_\_\_ E-Mail \_\_\_\_\_ @ \_\_\_\_\_

Education Background \_\_\_\_\_

Current Employer/School \_\_\_\_\_

Occupation/Field of Study \_\_\_\_\_

Volunteer Experience *please include dates, duties, and if we can contact them as a reference*

Which days and times are you available?

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

I can give Jubilee Women's Center a commitment of *(please check one)*

3 months \_\_\_\_\_ 6 months \_\_\_\_\_ 1 year or longer \_\_\_\_\_

Why are you interested in volunteering at Jubilee Women's Center?

**Do you have any concerns about volunteering?**

**How did you hear about Jubilee?** \_\_\_\_\_

**Please mark an / next to your interests and an S next to your skills:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Office work                          | <input type="checkbox"/> Computers and tech support | <input type="checkbox"/> Organizing                             |
| <input type="checkbox"/> Organize boutique and sort donations | <input type="checkbox"/> Gardening/yard work        | <input type="checkbox"/> Event planning                         |
| <input type="checkbox"/> Teach a class                        | <input type="checkbox"/> Building maintenance       | <input type="checkbox"/> Recruit volunteers                     |
| <input type="checkbox"/> Prepare community meal               | <input type="checkbox"/> Public relations           | <input type="checkbox"/> Table volunteer fairs and other events |
| <input type="checkbox"/> One-on-one technology training       | <input type="checkbox"/> Fundraising                | <input type="checkbox"/> Clean/prepare rooms                    |
| <input type="checkbox"/> Web design                           | <input type="checkbox"/> Direct mailing             |   |
|   | <input type="checkbox"/> Solicit donations          |   |

Other Interests \_\_\_\_\_

Other Skills \_\_\_\_\_

**References** (*other than family*)

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Email \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Email \_\_\_\_\_

3) Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship \_\_\_\_\_

**Are you on our mailing list?**  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**Would you like to receive monthly updates with Jubilee news & volunteer opportunities?**  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**Have you ever applied for a job at JWC?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Have you ever applied for housing at JWC?** \_\_\_\_\_ Yes \_\_\_\_\_ No



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**CONFIDENTIALITY STATEMENT**

At Jubilee Women's Center, our mission is to affirm the worth and dignity of women by providing affordable housing and support services while they work toward financial independence. In order for this to become a reality, a level of trust must be established between residents, staff, and volunteers. One vital component of trust is communication. In order to ensure that we the staff have clearly communicated with you the importance of confidentiality, we ask that you read and sign the following statement:

As a volunteer I understand the need to observe professional practices relating to confidentiality. I acknowledge that any and all information I gain through my role with this program is to remain confidential and is not for use outside of my defined responsibilities with Jubilee Women's Center. I further understand that any breach of confidentiality can result in my termination.

**Volunteer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**DISCLOSURE STATEMENT**

At Jubilee Women's Center, we strive to provide a safe environment for the residents, staff, and volunteers. It is vital that you as a volunteer are open and honest with the staff so we are all aware of any situation that may threaten the safety or well-being of a resident or the larger community. Although incidents of this nature are rare, it is important that we communicate. Therefore, we ask that you read and sign the following agreement:

If a resident discloses any information to me that in any way threatens her safety or the safety of anyone else in the house (staff, residents, or volunteers) I agree to share this information immediately with the staff member on duty. I will also disclose any serious grievances a resident may share with me concerning the staff, volunteers, or other residents.

**Volunteer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



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**RELEASE FOR PUBLICITY**

Please complete and sign for consent to use your information in Jubilee Women's Center related activities

I, \_\_\_\_\_, without compensation,  
*Please print full name*

**do**  **do not**] hereby irrevocably give my consent to Jubilee Women's Center (JWC) to  
*Check one*

use my name, any photographs, video or recordings of me involved in activities regarding Jubilee Women's Center at any time for editorial, illustration, promotional, advertising, and other similar purposes in connection with the JWC publications or other promotional activities.

**Volunteer Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**LIABILITY WAIVER**

I wish to volunteer my services at Jubilee Women's Center and I understand the nature of the volunteer activities that I will perform. I represent that I am capable of performing the activity required of me in the volunteer project. I hereby assume the risk, with respect to any accident or injury to person or property which I may sustain in connection with my participation as a Jubilee Women's Center volunteer. In addition, I hereby release and discharge Jubilee Women's Center and any of its directors, employees, volunteers, residents, and affiliates from any and all liability or responsibility for any such accident or injury I might sustain.

If I am under the age of 18, I understand that my parent/guardian must give their consent to my participation and their signatures are attached hereto.

\_\_\_\_\_  
**Volunteer Name (Printed)**

\_\_\_\_\_  
**Volunteer Signature**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature if Volunteer is under 18**

**Date** \_\_\_\_\_



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**CRIMINAL BACKGROUND CHECK WAIVER STATEMENT**

It is the policy of Jubilee Women's Center (JWC) to conduct criminal record checks on all individuals interested in volunteering with us. Many volunteers at JWC work unsupervised with people who are considered "vulnerable". For this reason, criminal background checks are necessary to protect the resident, the agency and the volunteer.

The criminal background check will only be used to establish whether or not a potential volunteer has a criminal record within the State of Washington. If a potential volunteer does have a criminal record, s/he will not be placed at JWC.

This request for a criminal history is done through the Washington State Patrol, and is free of charge to non-profit organizations. All information obtained will remain confidential.

In the event of a criminal record, you will be contacted and given an opportunity to discuss your volunteer placement. If the Washington State Patrol reports no criminal record, you will be able to begin your volunteer assignment once you have attended orientation.

To conduct the criminal record check, the following information is required:

- **First Name, M.I., Last Name** \_\_\_\_\_
- **Date of Birth** (*mm/dd/yyyy*) \_\_\_\_\_
- **Have you been convicted of a crime in Washington State?** \_\_\_\_ Yes \_\_\_\_ No

I, \_\_\_\_\_, have read the above statement and give my permission to the Washington State Patrol to send all criminal record information pertaining to me to: Jubilee Women's Center, 620 18<sup>th</sup> Avenue East, Seattle, WA 98112

\_\_\_\_\_  
**Volunteer Name (Printed)**

\_\_\_\_\_  
**Volunteer Signature**

**Date** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Signature if Volunteer is under 18**

**Date** \_\_\_\_\_