



Volunteer Application

Name: _____
Home Phone: _____ Bus. Phone: _____ Cell phone: _____
Email Address: _____
Home Address: _____ City: _____ Zip: _____
Current Employer/Occupation: _____
Date of Birth: _____ Gender (optional): _____ Ethnicity (optional): : _____
Emergency contact information: Name: _____
Relationship: _____ Phone: _____
Have you ever been convicted of a felony? _____ No _____ Yes (An affirmative answer does not necessarily bar you from volunteering.)

Please check any applicable skills you have:

Accounting: _____ Administrative Support: _____ Board/Committees: _____
Carpentry/Building: _____ Electrical: _____ Flooring: _____ Fundraising: _____ Handyman: _____
Landscape or Property Clean up: _____ Painting: _____ Plumbing: _____ Project Management: _____
Roofing _____ Safety/ADA (motion lights, smoke detectors, grab bars): _____ Siding: _____
Social Media or /Marketing: _____ Technology/IT: _____
Other areas of expertise, skills, etc.: _____

Why are you interested in volunteering with RTTC?: _____

Days/Hours available?: _____

Because our clients are designated by the State as a vulnerable population, volunteers (as designated by RTTC) are required to authorize a records check by: the Washington State Patrol and the National Sex Offender Public Website. On the attached WSP form, please complete Section C and the Applicant Information portion of Section D (Signature required) and return it with your Volunteer Application. Your volunteering is conditional on receipt of satisfactory report, you will be notified of all results.

Signature: _____ **Date:** _____

For Office Use

Date received in office: _____ Date WSP background check requested: _____ Date WSP background check received: _____
WSP background check reviewed by board president or executive director (date and signature): _____
Volunteer application approved or denied: _____