



Nonprofit Administrative and Management Volunteer/Internship Application

Contact Information

Name	
18 Years of Age or Older?	
Street Address	
City ST ZIP Code	
Home/Cell Phone	
E-Mail Address	
How You Heard About Us	

Availability

During which hours are you available for volunteer assignments?

8:30am-1pm _____ M, T, W, Th, F?
 1pm-5:30pm _____ Other

Interests

Tell us in which areas you are interested in volunteering/interning:

- Education/Prevention
- Marketing
- Community Events
- Administrative
- Fundraising
- Accounting/Bookkeeping
- Grant Writing/Research

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Interests

Briefly explain your interest in volunteering/interning for Rebuilding Hope:

What do you hope to gain from your volunteer/internship experience at Rebuilding Hope?

Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Your commitment to Rebuilding Hope is for a **MINIMUM** of eight hours per week for six months. Would you be considering a longer commitment? If so, how long?

Please provide two references we could contact (Not related):

1. Name: _____ Phone Number: _____
2. Name: _____ Phone Number: _____

FOR INTERNS/ STUDENTS ONLY

Sponsoring School: _____ Department: _____
Academic Supervisor: _____ Credit Hours: _____
Actual Hours/Work: _____ From: _____ To: _____
(Dates)

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that the Child/Adult Abuse Information Act mandates that a background check be conducted on me by this organization. The background check is for the initial screening and decision making of potential employees, volunteers and interns only. I understand that if I am accepted as a volunteer or intern, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please return application to:

Rebuilding Hope! Sexual Assault Center for Pierce County,
Mail: 101 East 26th Street, Suite 200, Tacoma, WA 98421
Admin: (253) 597-6424 Fax: (253) 597-6443
email: renae@hopesacpc.org

If you have any questions please don't hesitate to call (253) 597-6424, extension 0.

RESET

(Clears all Fields in the Form)

WASHINGTON STATE PATROL

Identification and Criminal History Section

PO Box 42633

Olympia WA 98504-2633

(360) 534-2000

<http://watch.wsp.wa.gov>



REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION BASED ON NAME AND DATE OF BIRTH. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH \$17.00 CHECK OR MONEY ORDER. FOR REQUEST BASED ON FINGERPRINTS, MAIL A COMPLETED FINGERPRINT CARD AND FEE OF \$26.00. YOU MAY ALSO COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. **NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST BY NAME AND DATE OF BIRTH FOR \$10.00 USING A CREDIT CARD.**

NOTARIZED LETTERS ARE AN ADDITIONAL \$10.00 PER NOTARY SEAL Notarized Letter(s)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name:
Last First Middle

Alias/Maiden Name:

Date of Birth: Sex: Race:
Month/Day/Year

B REQUESTOR INFORMATION: (Please type or print clearly)

DATE: / /
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

Provide e-mail to receive background results electronically. Phone No.

E-mail address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Name

Address

City State ZIP Code

Subject's Right Thumb Print (Optional)