

FRIENDSHOP VOLUNTEER APPLICATION

FriendShop 1000 Fourth Ave. Seattle WA 98104
Telephone: (206) 733-9015 Fax: (206) 615-1332
e-mail: friendshop@spl.org website: www.splfriends.org and www.efriendshop.org

Name: _____ Emergency Contact: _____

Address: _____ Emergency Phone # _____

City: _____ Zip: _____ Email Address: _____

Phone #'s Home: _____ Work: _____ Cell: _____

Employment Status: Full Time Part Time Retired Student

Current Employer and Position: _____

Professional Background: _____

Volunteer Experience: _____

Retail or other Customer Service Experience: _____

Highest Level of Education: High School Vocational-Tech Undergraduate Graduate Other Training

Please indicate any physical disabilities and accommodations that you may require while providing volunteer service:

Your Availability: *Please mark the shift(s) you are interested in serving.*

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	11:00-3:00	11:00-3:00	11:00-3:00	11:00-3:00	11:00-3:00	11:00-2:00
1:00-5:00	3:00-6:00	3:00-6:00	3:00-6:00	3:00-6:00	3:00-6:00	2:00-5:00

How long do you anticipate being able to serve as a volunteer for the Friends' Shop? _____

Within the past ten years, have you been convicted of a crime, pled guilty, or been released from prison? Yes No If YES, please state the date, place and nature of offense(s). *NOTE: Volunteer applicants must consent to a Washington State Patrol Criminal History Check before placement with youth volunteer services.*

Birthdate required for background check only: _____

Confidentiality Agreement: I also understand that during my volunteer service, I may have access to financial information about retail shop patrons, and business and financial records for the shop. I agree to hold all information about the Friends' shop and its patrons in complete confidence and to access this information only in the course of performing my volunteer assignments. In addition, I understand that a breach of confidentiality is grounds for dismissal from volunteer service.

Applicant Signature _____ **Date** _____

If you are between the ages of 14 and 18, a signature from your parent or guardian is necessary:

Signature of Parent or Guardian _____ **Date** _____