



Please complete, sign and date the application and return it to Carrie Fannin, Executive Director, at Carrie@CHILNow.org or by fax at 425.277.7726

Thank you for your interest in volunteering at CHILD!

VOLUNTEER APPLICATION

Full Name		Date of Birth	
Address			
City		State	Zip
Home Phone		Work Phone	
Email		Cell Phone	
Present Employer		Length of Time Employed	
Emergency Contact		Relationship	
Phone		Alternate Phone	

Previous volunteer experience:

Briefly tell us why you want to volunteer at CHILD:

Do you have any special skills or interests that you would like to share?

Do you have any physical limitations that we should be aware of (i.e. unable to lift heavy objects)?

Volunteer interests (please check all that apply):

- With students
- Community Events
- Special Events/Fundraising
- Other (please describe): _____

Time commitment:

- Weekly—Specify days/times available: _____
- Monthly
- Periodically
- One-time

How did you learn about volunteer opportunities at CHILD?

Volunteer Signature

Date

Parent/Guardian Signature
(If volunteer is under age 18)

Date