

# City of Woodinville Volunteer Intake Form



Thank you for your interest in the City of Woodinville Volunteer Program.  
Your responses below will help us to match your talents and interests to our needs.  
Please submit this form to the City's Volunteer Coordinator.

It is the policy of the City of Woodinville to provide volunteer opportunities without regard to any individual's sex, race, color, religion, national origin, pregnancy, age, marital status, medical condition, or disability.

<b>PERSONAL INFORMATION</b> (Please print)			Date of Birth (DOB):
First Name:	Last Name:	Middle Initial:	Primary phone:

**A1:** Please check **all** areas that interest you:

Office Assistance	Special Event Support	Environmental Stewardship	Boards / Commissions
<input type="checkbox"/> Concierge (reception) <input type="checkbox"/> Data entry <input type="checkbox"/> Filing/archives <input type="checkbox"/> Computer <input type="checkbox"/> Bilingual translation <input type="checkbox"/> General office	<input type="checkbox"/> Setup/Breakdown <input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Music/Audio <input type="checkbox"/> Crowd/Parking <input type="checkbox"/> Other:	<input type="checkbox"/> Sammamish River restoration <input type="checkbox"/> Salmon Watcher <input type="checkbox"/> Habitat restoration <input type="checkbox"/> Park Maintenance <input type="checkbox"/> Landscape Maintenance <input type="checkbox"/> Other:	<input type="checkbox"/> Parks & Recreation Commission <input type="checkbox"/> Planning Commission <input type="checkbox"/> Tree Board <input type="checkbox"/> Other:

**A2:** Please list any accommodations you need to perform volunteer duties:

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**A3:** Please list your hobbies, skills or special knowledge you think would help in your volunteering, including proficiency in languages:

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**A4:** Please give your current status (student, worker, retired, homemaker): \_\_\_\_\_

**B:** Please indicate the days and times you are available to volunteer:

Day of the Week	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**C:** Please list any previous work and/or volunteer experiences:

Organization	Start Date (mo/yr)	End Date (mo/yr)	Position/responsibilities
1.			
2.			
3.			

**D:** Do you need to fulfill a specific requirement for service hours? \_\_\_ Yes \_\_\_ No

\_\_\_ School Name of School \_\_\_\_\_

\_\_\_ Court Mandated Offense \_\_\_\_\_

Total number of Hours: \_\_\_\_\_ Deadline: \_\_\_\_\_

**E:** Please list two references (who are not relatives) we may call on:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**E:** How did you hear about volunteer opportunities with the City of Woodinville?

\_\_\_ Word of mouth/Friend/Relative

\_\_\_ Newspaper: \_\_\_\_\_

\_\_\_ Other publication: \_\_\_\_\_

\_\_\_ Internet

\_\_\_ Email

\_\_\_ Regular mail

\_\_\_ Display/flyer, location: \_\_\_\_\_

\_\_\_ Other means: \_\_\_\_\_

*Notice to applicant: Pursuant to the Washington Public Disclosure Act, this form constitutes a public record and is subject to public release upon request. Under RCW 42.17.310(1)(u), the residential addresses and telephone numbers of the volunteers may be redacted from any such disclosure.*