



Mason County On-Going Volunteer Application

CONTACT INFORMATION

| | | | |
|----------------|--|------------------------------|----------------|
| Full Name | | Are you over 18 Years old | Y____ N____ |
| Street Address | | | |
| City, ST, ZIP | | | |
| Cell Phone | | | |
| Home Phone | | | |
| E-Mail Address | | | |

Are you currently certified in: CPR ____Y ____N First Aid ____Y ____N

AVAILABILITY

During which days/hours are you available for volunteer assignments? (Check all that apply)

Monday Tuesday Morning Long Term
 Wednesday Thursday Afternoon Short Term
 Friday Special Project

INTERESTS

What departments are you interested in volunteering in and why?

PERSON TO CONTACT IN CASE OF EMERGENCY

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Cell Phone | |
| Home Phone | |
| E-Mail Address | |

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I have reviewed the Mason County Volunteer Policy.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

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.

Return application to:
Mason County Human Resources
423 N 5th Street
Shelton, WA 98584
Phone: (360) 427-9670 x 290 or 645
E-Mail: HumanResources@masoncountywa.gov