

# Volunteer Application

Date Stamp \_\_\_\_\_



*The Washington Poison Center is an Equal Opportunity Employer*

155 NE 100<sup>th</sup> St, Suite 100  
 Seattle, WA 98125-8007  
 Administration (206) 517-2350 FAX (206) 526-8490

## PERSONAL DATA

Instructions: Please fill out application completely; an incomplete application may disqualify you. **Volunteering is contingent on the successful completion of a background check.** You will be contacted if you are selected for an interview. You will be required to provide legal proof of your authorization to work in the United States within 3 days, if you are hired. Volunteering is contingent upon providing the required documentation. If you require any accommodation to complete the application or interview process, please call the WPC Administration at (206) 517-2350.

Name Last	First	Middle Initial	Home Telephone #
Address			Business/Message #
City	State	Zip Code	Do You Have A Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you eligible to work in the U.S.? If applicable, what type of work visa do you have?	Yes	No	Are you age 18 or older?  Yes        No
Expiration date			

## POSITION DETAILS

Position Applying For	Heard About Job From:	Date Available to work
Work Availability ____ Full Time    ____ Part Time ____ Day        ____ Evening        ____ Weekends		

## WAIVER

I understand that volunteering is contingent on the successful completion of a background check, and my volunteer commitment will be of indefinite duration. The Washington Poison Center or I will be free to terminate this volunteer relationship at will and at any time. I certify that the information set forth in this application is true and complete to the best of my knowledge. I understand that I will be subject to immediate dismissal if I have made any false statements, misrepresentations, or provided incomplete information in this application. I authorize the Washington Poison Center to check all information contained in or related to this application, including employment references, records of law enforcement agencies, educational institutions and licensing agencies. I release the Washington Poison Center and any individuals or organizations providing references or background information from any liability arising out of giving or receiving of such information.

\_\_\_\_\_  
Signature of Application

\_\_\_\_\_  
Date

## EDUCATION

High school and location Graduated

Yes      No

College or school after high school (include education in the military)  
Name and Location                      Academic major/skill/trade                      Date (from / To)                      Graduated

Yes      No

Yes      No

## VOLUNTEER/WORK EXPERIENCE

List most recent employer/volunteer position FIRST. Include all jobs you have had during the last 10 years (attach additional sheets if necessary). A resume may be attached in addition to completion of the application. An incomplete application may disqualify you.

1. Name of employer	Position Title
Address	Description of duties
Telephone number                      Supervisor	
Dates employed From /To                      Number of hours/week worked	
Reason for leaving	
Final salary                      Eligible for rehire? Yes      No	May we contact your employer?      Yes      No
2. Name of employer	Position Title
Address	Description of duties
Telephone number                      Supervisor	
Dates employed From /To                      Number of hours/week worked	
Reason for leaving	
Final salary                      Eligible for rehire? Yes      No	May we contact your employer?      Yes      No

## HUMAN RESOURCE INFORMATION

Starting Date	Department/Unit
Position Title	License checked?      Yes      No Date
Hiring Authority/s Signature	References checked?      Yes      No Date