

Volunteer Application



**WASHINGTON
POISON CENTER**
(800) 222 1222

*The Washington Poison Center
is an Equal Opportunity Employer*

155 NE 100th 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/Cell Telephone #
Address			Business/Message #
City	State	Zip Code	Email Address:
Emergency Contact Name: _____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Emergency Contact Phone: _____			Are you age 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship: _____			

POSITION DETAILS

Volunteer Position	Heard About Volunteer Opportunity:	Date Available to work
Work Availability ___ Day ___ Evening ___ Weekends		
Days of the Week _____		

WAIVER

I understand that volunteering is contingent on the successful completion of a background check when required, 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 volunteer references, records of law enforcement agencies, and educational institutions. 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

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

Date (from / To)

Graduated

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

HUMAN RESOURCE INFORMATION

Starting Date	Department/Unit
Position Title	License checked? <input type="checkbox"/> Yes <input type="checkbox"/> No Date
Hiring Authority/s Signature	References checked? <input type="checkbox"/> Yes <input type="checkbox"/> No Date