

Volunteer Application



*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 may be contingent on the successful completion of a background check.** You will be contacted if you are selected. Volunteering is contingent upon providing the required documentation, if documentation is necessary and requested. If you require any accommodation to complete the application or interview process, please call the WAPC 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 may be contingent on the successful completion of a background check, which will be determined by the WAPC, and my volunteer commitment will be of indefinite duration. The Washington Poison Center or applicant 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. 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 Applicant

Date