



Beck's Place  
building community, for people and pets

# VOLUNTEER APPLICATION

Applicant Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Do you have a valid Washington State Drivers License?  No  Yes

Have you volunteered with a non-profit organization before?  No  Yes

If yes, where? \_\_\_\_\_

Please list two references (non-family) that can help us understand how we can best work together:

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Interested in:

<input type="checkbox"/> Fundraising	<input type="checkbox"/> Administrative	<input type="checkbox"/> Manual Labor	<input type="checkbox"/> Computer Systems
<input type="checkbox"/> Animal: Foster	<input type="checkbox"/> Animal: Medical	<input type="checkbox"/> Animal: Food	<input type="checkbox"/> Animal: Transportation
<input type="checkbox"/> Human: Food	<input type="checkbox"/> Human: Welfare	<input type="checkbox"/> Human: Food	<input type="checkbox"/> Human: Basic Needs

Tell us more about what you are interested in: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interested in working with:  Humans  Animals  Both  Neither

**CONFIDENTIALITY**

Volunteer agrees to maintain confidentiality with regard to Beck's Place clients, both human and animals

Volunteer agrees not to publisher photographs, videos, images or written commentary regarding Beck's Place clients, both human and animal, via public or marketing materials without express written consent from animal owner and Beck's Place

I certify answers are true and complete to the best of my knowledge. I understand if this application leads to volunteer service that false or misleading information on my application or interview may result in my release. I authorize Beck's Place to request a background check including through the Washington State Patrol. I hereby release all parties and persons connected with the information request from claims, liabilities, and damages. I agree my volunteer service can be terminated without cause at my option or that of Beck's Place.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**BACKGROUND CHECK AUTHORIZATION**

I hereby provide Beck's Place with information required to complete a background check with the Washington State Patrol. I authorize Beck's Place to request background information and release all parties and persons connected with the information request from claims, liabilities, and damages.

Full name as it appears on Drivers License \_\_\_\_\_

Please provide any other names or aliases you have used \_\_\_\_\_

Have you or anyone in your household ever been convicted of, or plead guilty to, any crime(s)?  No  Yes

If yes, please describe \_\_\_\_\_

Are there any criminal charges pending against you or anyone in your household regarding any crime(s) involving or against a minor or involving animal cruelty?  No  Yes

If yes, please describe \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers License # \_\_\_\_\_ State \_\_\_\_\_

Signature to authorize background check \_\_\_\_\_ Date \_\_\_\_\_