EAST CASCADES AUDUBON SOCIETY

VOLUNTEER APPLICATION FOR WORKING WITH YOUTH

To submit a volunteer application, please complete the form below.

(\* below indicates a required entry)

**Volunteer Contact Information**

|  |  |
| --- | --- |
| First name: | **\*** |
| Last name: | **\*** |
| Middle initial: |  |
| Address: | **\*** |
| City: | **\*** |
| State  ZIP: | **\***  \* |
| Primary phone: | **\*** OK to call me here |
| Secondary phone: | \* OK to call me here |
| Texting phone: | OK to call me here |
| Email address: | **\*** |

Please provide any social media sites (Facebook, Twitter, etc.) where you post content.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First name: | **\*** |  |  |
| Last name: | **\*** |  |  |
| Primary phone: | **\*** |  |  |
| Cell phone: |  |  |  |
| Email address: | **\*** |  |  |
| Relationship: |  |  |  |

**Areas of Interest**

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| --- |
|  |
|  |

**Criminal History Background Check Authorization**

For volunteer applicants age 18 and over.

EAST CASCADES AUDUBON SOCIETY conducts a criminal history background check on all potential volunteers who wish to work with youth. Checks are conducted at the time of application and may be conducted annually.

I hereby grant EAST CASCADES AUDUBON SOCIETY permission to check civil and criminal records to verify my eligibility to volunteer and, by checking the box below, I certify my agreement to the information listed in this section and certify that the information provided in the required background check information section below is true.

|  |  |
| --- | --- |
| I Agree\_\_\_\_ |  |

**Required Background Check Information**

All volunteer applicants are required to complete this section in order to be considered for volunteer service.

|  |
| --- |
| Date of birth: |
| Drivers License or State ID Number: |
| If you have any conviction, other than a minor traffic violation, please list here. Include state in which the offense occurred. |

**Liability Release & Reference Check Authorization**

I certify that the information given herein is true and complete to the best of my knowledge. I authorize East Cascades Audubon Society to check my references and investigate all statements contained in this application. I understand that misrepresentation or omission of facts contained herein will be sufficient cause for cancellation of consideration for volunteer service, or dismissal if I have already started volunteering.

I assume responsibility for all risks, hazards, and injuries incidental to the conduct of the activity and I do further release, absolve, indemnify and hold harmless the organizers, supervisors, the East Cascades Audubon Society, any and all of them. In case of personal injury, I hereby waive all claims against East Cascades Audubon Society or any of the supervisors appointed by them. I hereby give my consent for emergency medical treatment. I understand that ECAS does not provide insurance coverage and that this is a personal responsibility.

I also agree to allow East Cascades Audubon society to use and reproduce my name and/or likeness in district publications and information pieces

I understand that I will not be compensated for my volunteer service with East Cascades Audubon Society.

By checking the box below, I certify that I have read and agree to the above conditions and statements.

|  |  |
| --- | --- |
| I Agree  Name | ­­\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |