



Port Townsend Rainbow Center

Volunteer Application Form

Thank you for your interest in volunteering! Please complete all sections below and return this application at your earliest convenience so your interview process can begin. We look forward to talking with you and to exploring ways in which we can work together to support youth through the mission of the Port Townsend Rainbow Center!

Today's Date: _____ Date Received (office use) _____

Name: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Home Phone _____ Cell Phone _____

Gender: _____ Birth Date: ____/____/____

Do you need accommodations to perform your duties as a volunteer? _____ Yes _____ No

If so, please explain the accommodations you would need: _____

Contact information in case of emergency:

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

If emergency contacts cannot be reached, Jefferson County Pride reserves the right to seek medical assistance at the nearest medical facility and will be held harmless in all legal and financial issues that may arise from this decision.

Initials: _____

Please circle last school year attended: 8 9 10 11 12 College: 1 2 3 4

Please tell us something about yourself – your hobbies, activities and what you would bring to the Youth Center:

How did you learn about the PT Rainbow Center volunteer Program?

Please circle your areas of volunteer interest:

Clerical Cooking Instruction Other _____
 Requires Food Handler Permit

We are proposing to be open two (2) days a week at this time.

Please indicate times and days below if you could be available for more days to volunteer.

M: _____ T: _____ W: _____ Th: _____ F: _____ Sat/Sun: _____

References (other than relatives):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I, _____, confirm by signing this statement that I have not been convicted of a crime of child abuse, unlawful sexual behavior or a felony. Furthermore, I grant Jefferson County Pride (JCP) permission to acquire any criminal records that I may have incurred.

I also understand that the completion of this application does not indicate whether any positions are currently open and that it does not obligate JCP to extend association on a voluntary basis. I also understand that the application, interview, reference check and placement process are required of all volunteer applicants and are in no way a contract to volunteer service or promise of future volunteer services.

I state that all information is correct and complete to the best of my ability and any false information will be grounds for disqualification as a volunteer. I also authorize JCP to verify the information on this form, by any means necessary with no cost to me.

Applicant's Signature: _____ Date: _____
Signature of your email is valid

Instructions: Please complete application online or mail downloaded and completed application to:

Jefferson County Pride
P.O. Box 1022
Port Townsend, WA 98368
360-643-3690
info@jeffersoncountypride.org

References: It will be the volunteer candidate's responsibility to have their references fill out the reference form and submit it either on-line or through the mail. If you have any questions please email: info@jeffersoncountypride.org.

www.JeffersonCountyPride.org