## Volunteer Application



BACKGROUND INFORMATION:			
Name:	Birth date (mm/dd/yyyy):		
Email Address:		Phone: ( )	
Mailing Address:			
City, State:		Zip:	
☐ I would like to receive Urban Impact's Newsletter	Preferr	ed method of communication: il	
How did you find out about us?			
Current Employer/School:			
Does your employer have a Volunteer Matching program?			
College Degree/Major (if any):			
Ethnic Background (optional):			
Religious Affiliation (optional):			
Name of church currently attending (optional):			
EMERGENCY INFORMATION:			
Emergency Contact Name:			
Relationship to volunteer:	Contac	t's Phone:	
VOLUNTEER INFORMATION:			
Which program are you interested in volunteering for?			
☐ Urban Impact	□ UI@	Emerald City Bible Fellowship	
☐ Emerald City Commons	_	Central Community Church	
☐ Economic Development		inistrative Support	
☐ Rainier Health & Fitness	⊔ Othe	er:	
What is your availability?			
Day: □M □T □W □Th □F □Sat □Sun	Time:	☐ Morning ☐ Afternoon ☐ Evening	
What is the frequency and duration of your commitment? (i.e. weekly for 3 months, monthly all year, one day, etc.)			
Please list two references (non-relatives):			
1.	Phone:		
2.	Phone:		

How do you like to be appreciated (Check all that apply):  Verbal "thank you"  Thank you card  \$5 coffee gift card  Small Gift  Celebration event/gathering  Getting recognized in a newsletter or at an event  Hearing the impact of my service  Other:  Other:		
EXPERIENCE:		
Why are you interested in volunteering with us?		
Please describe any previous related work or volunteer experience.		
Please describe any experience working in cross-cultural or urban environments.		
Urban Impact is a Christ-centered, faith-based organization. Although not a requirement for all areas of service, our faith is evident throughout our programs and in our volunteer training and care.		
Please describe how you feel about serving in such an environment:		

LIADILIT I RELEASE.	
With my signature*, I certify that the above information is complete and true	,
these references and previous supervisors from liability for the information the	·
staff and partner organizations in good faith. I authorize Urban Impact to con	_
checks and accept full responsibility for the risks that are involved in volunte	•
complete required training and prioritize the time commitment involved in my	•
pictures of myself and/or statements made by myself to be used by Urban II	mpact and partnering organizations for
promotional purposes. If I transport participants or staff of Urban Impact or pa	rtnering organizations, I will provide the
organization with a copy of my driver license and verification of auto insurance	·.
Applicant Signature:	Date:
Applicant Drint Namo	
Applicant Print Name:	
*If applicant is under 18 years of age or still living with parent/guardian,	a parent/guardian must sign here.
acknowledging that she/he gives permission for this volunteer activity as	
, , , , , , , , , , , , , , , , , , , ,	nd releases orban impact from
liability.	
Parent/Guardian Signature:	Date:
raient/Guardian Signature.	Date
Parent/Guardian Print Name:	
•	

Thank you for applying to be a volunteer.

Please return your completed application via mail or e-mail to:

Urban Impact:
Operations Manager
7728 Rainier Ave S.
Seattle, WA 98118
info@urbanimpactseattle.org
206.722.2052 ext. 209