



Volunteer Registration Form

Name: _____ Birthdate: _____
Address: _____ City: _____ State: _____ Zip: _____
E-Mail: _____ Fax: _____
Day Phone: _____ Night Phone: _____
Employer Name or Group Represented: _____
How do you Prefer to be Contacted (Circle One): **Mail** **Phone** **Email**

Please list the name/address/phone number/relationship of 2 references:
A) Personal and B) School/Church/Employer/Group

A) _____
B) _____

Circle the Program (s) you intend to participate in:

Parent-to-Parent

Arcin' Round

Sports and Fitness

Office

Other: _____

Do you have a Driver's License: _____ License #: _____

Have you ever had your Driver's License Suspended or Revoked: _____
If yes, why: _____



Previous Volunteer Experience:

What Led You to Volunteer with The Arc of Grays Harbor:

Any Concerns/Worries:

Other:

Applicants please read and sign the Application Disclosure Form Pursuant to Chapter 4486-Laws of 1987:

Pursuant to RCW 9A. 73.085, I certify under penalty of perjury under the laws of the State of Washington that I have never been convicted of any crimes against persons as defined in Section 1 of Chapter 486, law of 1987, and listed as follows: Aggravated murder; first, second degree murder; first or second degree kidnapping; first, second, or third assault, first, second, or third degree rape; first, second, or third statutory rape; first or second degree robbery; first degree arson; first degree burglary; first, second, or third degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment.

Signature of Adult Applicant

Date