



Eastside Neighbors Network (ENN) Volunteer Application

Thank you for your interest in volunteering with the Eastside Neighbors Network. Please fill out all fields below and return your application by email to Village@MyENN.org Questions? Call us at 425-270-8408.

Name (Last, First, MI): _____

Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

Preferred Phone: _____ Alternate Phone: _____

E-mail Address: _____

Best days/times to meet: _____

In case of emergency, we have your permission to contact:

Name: _____ Relationship: _____

Telephone: Day: _____ Evening: _____ Email: _____

References (no family members please. We request that you notify references in advance to inform them about ENN and your interest in volunteering.):

Name: _____ Phone: _____ E-mail: _____

Name: _____ Phone: _____ E-mail: _____

Special Interests/Skills:

If you are a student, please tell us:

Name of School: _____ Level Choose one: FR SO JR SR OTHER

Which volunteer services are you interested in providing? Choose all that apply.

- ☐ Errands/Grocery Shopper Team
- ☐ Friendly Phone Team
- ☐ Friendly Visitor Team
- ☐ Light Household/Yard Help Team
- ☐ Tech Team (PC, Mac, Smartphone)
- ☐ Transportation Team*
- ☐ Help with member programs/Office Admin Assistance
- ☐ Other – please specify: _____

What days and times are you likely to be available? Choose all that apply.

	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often would you like to volunteer?

- ☐ Once or twice a month
- ☐ 1-2 times a week
- ☐ 3-4 times a week
- ☐ Irregular schedule
- ☐ Other – please explain: _____

**NOTE: If you volunteer to be provide transportation, you must complete the Driver Supplement below, and provide ENN with proof of liability insurance, a current driver's license and a copy of your vehicle's registration.*

Is there anything else you'd like to let us know about your interests and availability?

I understand the completion of this application does not obligate Eastside Neighbors Network to offer me a volunteer position. In processing my application, background and DMV (if a driver) checks will be conducted, including my listed references and potentially former volunteer sites and/or employment.

I hereby grant permission to any school, person, firm or corporation to give Eastside Neighbors Network any relevant information that may be required to arrive at a decision on the status of this application. I release ENN, its offices, employees, representatives, and agents from any and all liability and/or damages incurred by me in accessing or using such information.

Applicant Signature

Date

Please print name _____

EASTSIDE NEIGHBORS NETWORK

VOLUNTEER INTAKE FORM - Supplement for Drivers

Name: _____

Address _____

How long have you lived at this address? _____

Do you have a current Washington Driver's License? (Please attach a copy)

☐ Yes ☐ No If no, explain: _____

How long have you had a driver's license? _____

If licensed in Washington less than 5 years, list licenses previously issued:

State _____ License # _____ Date(s) _____

State _____ License # _____ Date(s) _____

Are there any restrictions on your driver's license? ☐ Yes ☐ No

If yes, explain: _____

Have you ever had your license suspended, revoked, or refused? ☐ Yes ☐ No

If yes, explain: _____

Name of your auto insurance company: _____

(Please attach copy of your insurance card or current vehicle registration, showing your insurance company)

Have you ever been convicted during the last 10 years of driving while intoxicated or under the influence of drugs? ☐ Yes ☐ No

If yes, explain, giving date and jurisdiction (city, county, state): _____



EASTSIDE NEIGHBORS NETWORK VOLUNTEER AGREEMENT

Please read the following information carefully before signing.

Confidentiality Agreement:

I agree to protect the confidentiality of all information pertaining to any Eastside Neighbors Network member, non-member or other volunteer or client associated with Eastside Neighbors Network. I understand that Eastside Neighbors Network volunteers are responsible for maintaining the confidentiality of all private and personal information to which they are exposed while serving as a volunteer. Such information should never be shared except when it is reasonable and necessary to provide services to Village members and should *never* be shared outside the organization. It is appropriate to discuss a volunteer experience with the Volunteer Coordinator or Executive Director, but not with others. Volunteers must comply with the Privacy Policy for Eastside Neighbors Network.

Conflict of Interest Policy:

I shall not use any information acquired by virtue of my participation in the program for financial, material, or professional gain or advantage. I understand that if it is discovered that I have done so, or it appears evident that I have done so or have attempted to do so, this will disqualify me from further consideration for volunteer service or result in my dismissal as a volunteer.

Representation of the Organization:

Volunteers are important ambassadors for Eastside Neighbors Network within the community. I understand that as a volunteer I must not act on behalf of or make statements representing the organization unless I have been authorized to do so by the Executive Director or an officer of the Governing Body or Board of Directors; I must not make statements to the press or media without prior authorization; and I am not authorized to sign any agreement involving contractual or financial obligations of Eastside Neighbors Network.

Liability Waiver:

I acknowledge that as a volunteer, I am not an employee of Eastside Neighbors Network and understand that I will not be paid for any work I perform. I consent and agree to assume all responsibility for any and all risks or events of damage or injury that may occur in the course of my volunteer work and that I am volunteering at my own risk. I fully and forever release and discharge Eastside Neighbors Network, their officers, employees, agents, and successors from any loss, cost, injury, damages or other liability which I may incur in the course of my volunteer work.

Verity of Application Information:

I certify that all information I have provided about myself is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

Confirmation of Understanding & Receipt of Volunteer Handbook:

I understand that volunteering with Eastside Neighbors Network should be a joyful and positive experience. I acknowledge receipt of the Eastside Neighbors Network Volunteer Handbook, and **if applicable**, the Eastside Neighbors Network Volunteer Driver Policies & Procedures handbook. I have read and I understand the contents of the Handbook(s) and agree to abide by the expectations the Village has of its volunteers.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE, HAVE HAD MY QUESTIONS FULLY ADDRESSED, AND HAVE RECEIVED A COPY OF THIS FORM FOR MY PERSONAL RECORDS. My signature below acknowledges my agreement to adhere to all policies stated in this document.

Printed Name: _____ Signature: _____ Date: _____