



Volunteer Application

Instructions: Please complete this form and email it to info@evergreencpg.org, or fax to (360) 352-4133, or mail to 1929 Fourth Ave E, Olympia, WA 98506.

Name:

Date:

Address:

City:

State:

Zip:

Home phone:

Work phone:

Cell:

Email:

Emergency contact:

How did you hear about ECPG?

Why would you like to volunteer at ECPG?

What are your volunteer interests?

Office help Website Other marketing Special event assistance

Film/videography Research Presentations Planning committees

Speakers Bureau Voices of Recovery FILL FILL

Outreach: General public Seniors Youth Asian community

Native American Hispanic/Latino Other:

Internship (describe):

Other (describe):

Computer skills: Word Excel Outlook QuickBooks FileMaker

Other:

Foreign language skills:

Other skills, training, or talents:

When and how often do you want to volunteer?

Are you available on short notice? Yes No

Current employer:

How many hours/week do you work?

Other current volunteer work:

Please list your work and volunteer experience:

Company/organization	Job title/volunteer duties	Dates of service
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Please provide two personal references who are not related to you:

Name:	Relationship:	Phone:
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Name:	Relationship:	Phone:
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Have you ever been convicted of a crime? **Yes** **No**

If yes, please explain:

I give permission to the Evergreen Council on Problem Gambling to obtain information regarding my previous volunteer and/or work experience. I certify that the facts in this volunteer application are true to the best of my knowledge. I hereby release the Evergreen Council on Problem Gambling and its staff from any and all liability for loss, damage, injury, or illness to any person or property which may be incurred through participation in the ECPG volunteer program. I understand that I have the option of refusing to perform any work task that I feel may be unsafe or have the potential for personal harm, and that it is my responsibility to make such a determination.

Signature	Printed name	Date
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If the volunteer is under the age of 18, I hereby consent to the above:

Parent/Guardian signature	Printed name	Date
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1929 Fourth Avenue East, Olympia, Washington 98506