



www.insidehealthinstitute.org
info@insidehealthinstitute.org
Phone: 425-256-2125
Fax: 425-310-8166

Volunteer Application

*Thank you for your interest in volunteering with Inside Health Institute! Please fill out this form so the volunteer coordinator can contact you & discuss options for getting involved. Please send completed form to christine@insidehealthinstitute.org, via fax, in person delivery OR mail it to **Inside Health Institute** 10614 Beardslee Blvd. Suite C Bothell WA, 98011.*

Last Name: _____	First Name: _____
Middle Name: _____	Date of Birth: ____ / ____ / ____
Address: _____	
City _____	State ____ Zip Code _____
Main Phone: (____) _____	Alternate Phone: (____) _____
Email (<i>Please Print</i>): _____	
I prefer to be contacted via Phone Email Other: _____	
<i>This section is optional:</i>	
Age: 16-18 19-35 36-55 55+	Gender: _____ Ethnicity: _____

- How did you hear about volunteer opportunities at IHI?
VolunteerMatch Idealist United Way Other: _____
- Would you like to receive the Inside Health Institute email newsletter? Yes No
- Have you volunteered with IHI before? If yes, please describe:
- Your current occupation: _____
- Current employer or school: _____
- When are you available to volunteer (days of the week, time of the day, frequency)?
- Can you commit to volunteering for at least three months?
- As a volunteer, what special skills and life experiences will you bring to our organization?
- What kind of professional or personal experience do you hope to gain as a volunteer?



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- 10. Please mark the type of volunteer opportunities you are interested in:
- Medical office/Administrative Support (filing, light cleaning, organizing, etc...)
- Fundraising/In-Kind Donations (all skill levels welcome, small and large fundraising campaigns will always be in need of support)
- Teaching a class or hosting a support group (arts, fitness, cooking, etc)
- Special Events - planning or helping on day-of (i.e. annual fundraising event or other community outreach events)
- Group projects: planning and execution of community events
- Tutoring or one-on-one coaching (e.g. computer skills, literacy skills)
- Specialized skills (graphic design, accounting, legal services, translation/interpretation, landscaping, etc):
- Organizing a supply drive
- Other:
11. Are you volunteering to fulfill a program hours requirement or service learning hours? If so, please elaborate.

Background Check

12. Have you ever plead guilty to or been convicted of any criminal offense? If so, please explain. A conviction may not necessarily bar you from volunteering.

13. Are you pursuing mandated court service hours? If yes, how many hours?

Case Number: Scheduled completion date: / /

15. How long have you been residing in Washington State?

I hereby authorize Inside Health Institute to perform a background check and investigate any public records relating to my criminal history or lack thereof. IHI will use this record only in making the initial volunteer engagement decision and will not further disseminate the record.

Signature

Date

Please scan or photocopy your Washington State Driver's License and include it with your application so we can verify your identity, or bring your driver's license to your interview.