



VOLUNTEER REGISTRATION

PREFERRED NAME/NICKNAME: _____

YOUR PRONOUNS: _____ TODAY'S DATE: ____/____/____

EMAIL: _____ PHONE: (____) _____

ADDRESS: _____ CITY: _____ ZIP: _____

Do you live in the West Central neighborhood of Spokane?

- Yes No Not sure

Based on your availability and interests, which **volunteer opportunities** interest you?

Check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Level Up Mentor | <input type="checkbox"/> Youth Program Volunteer |
| <input type="checkbox"/> Library Volunteer | <input type="checkbox"/> IT Volunteer (technology, network) |
| <input type="checkbox"/> Youth & Family Support Volunteer | <input type="checkbox"/> Fundraising/ Events Volunteer |
| <input type="checkbox"/> Administrative Volunteer (clerical/database) | <input type="checkbox"/> Other: _____ |

To help us with scheduling, tell us which days and times you're generally able to volunteer. We'll check with you before final scheduling, so check all that apply.

- | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Before noon | <input type="checkbox"/> Before noon | <input type="checkbox"/> Before noon | <input type="checkbox"/> Before noon | <input type="checkbox"/> Before noon |
| <input type="checkbox"/> 12 - 2:30 PM | <input type="checkbox"/> 12 - 2:30 PM | <input type="checkbox"/> 12 - 2:30 PM | <input type="checkbox"/> 12 - 2:30 PM | <input type="checkbox"/> 12 - 2:30 PM |
| <input type="checkbox"/> 2:30 - 5 PM | <input type="checkbox"/> 2:30 - 5 PM | <input type="checkbox"/> 2:30 - 5 PM | <input type="checkbox"/> 2:30 - 5 PM | <input type="checkbox"/> 2:30 - 5 PM |
| <input type="checkbox"/> After 5 PM | <input type="checkbox"/> After 5 PM | <input type="checkbox"/> After 5 PM | <input type="checkbox"/> After 5 PM | <input type="checkbox"/> After 5 PM |

I want to volunteer:

- Weekly Monthly Occasionally

What skill(s) or passion(s) are you excited to share with others?

What do you hope to gain by volunteering at Spark?

EMERGENCY CONTACT

Contact: _____ Phone: (____) _____

Please list any allergies, medical issues, or physical/mental disabilities we should know about. Help us provide reasonable accomodations:

VOLUNTEER STATISTICAL INFO

This information is only for funding agency statistical requirements. It is optional and kept confidential.

- | | |
|--|--|
| <input type="radio"/> African-American/Black | <input type="radio"/> Caribbean/West Indian |
| <input type="radio"/> American Indian/Alaskan Native | <input type="radio"/> Hispanic/Latino-American |
| <input type="radio"/> Asian-American and/or Pacific Islander | <input type="radio"/> Middle-East American |
| <input type="radio"/> Caucasian/White | <input type="radio"/> Other: _____ |

BACKGROUND CHECK

We run a Washington State patrol check and sex offender check on every volunteer who may come into contact with children at Spark Central.

First: _____ Middle: _____ Last: _____

Previous Name(s): _____

Birth Date: _____ / _____ / _____ Driver's License #: _____

Gender ID: _____ Driver's License State (If not WA): _____

PLEASE NOTE that Spark Central reserves the right to refuse any volunteer application if our staff believes that person to be a poor fit for representing Spark Central to the community OR to be sensitive tot he needs of minors OR to be welcoming to people of different backgrounds. We do not discriminate based on race, religion, gender, sexuality, ethnicity, age, nationality, or other non-character factors.

VOLUNTEER PLEDGE & RELEASE

- I pledge to have watched the GENERAL ORIENTATION VIDEO found on www.spark-central.org/volunteers
- I pledge to read the entire volunteer handbook before I have my first volunteer assignment.
- I pledge to be dependable and reliable, as my unplanned absence will create hardship on staff and patrons.
- I pledge that if I need to cancel my shift or schedule time to help, I will notify the appropriate staff as soon as humanly possible (no less than 24 hours that I am expected). I accept that not showing up twice in a row without properly communicating will result in being removed from volunteer responsibilities.
- I pledge to be welcoming, kind, and have a sense of humor with every patron and student at Spark Central.
- I pledge to model the spirit of welcoming, collaboration, and creativity that represents Spark Central.
- I pledge to keep my cool, maintain my patience, and not swear while volunteering, even if I am having a really, really, really bad day.
- MEDIA RELEASE:** I grant Spark Central and its authorized agents, vendors, officers, directors, employees, licensees, affiliates, successors, and assigns the non-exclusive, irrevocable perpetual, world-wide right and any photographs and/or recordings taken by me during activities sponsored by Spark Central, for any purpose, in any and all manner or media not known or hereafter developed.

Signature

Date

Parent/Guardian Signature, if under 18

Date

For Staff Use Only*(Please initial and date)*

- _____ Background check through <https://www.nsopw.gov/> (required)
- _____ Background check through <https://watch.wsp.wa.gov/> (required)
- _____ Youth Training Completed (if applicable)
- _____ Library Training Completed (if applicable)
- _____ Mentor Interview Date Completed (if applicable)
- _____ SPS Volunteer Clearance Application Completed (if applicable)
- _____ Fingerprint Completed (if applicable)
- _____ Entered into Volunteer Newsletter List (required)
- _____ Visual confirmation of COVID-19 Vaccination Card (required)

Notes: