

Date received: _____
A1: _____
A2: _____
Notes: _____



Volunteer Application

Please complete all pages and mail or fax to:
Youth in Focus 2100 24th Ave. S. Suite 310, Seattle, WA 98144
Office: (206) 723-1479 Fax: (206) 723-2844

Thank you so much for submitting your application to volunteer/mentor with Youth in Focus. Our programs rely heavily on the service that volunteers provide. We are grateful for your interest in supporting the empowerment and artistic development of the youth we serve. **Please know that while we make every effort to place applicants in the volunteer role of their preference, submission of an application does not guarantee placement as a mentor.**

Today's Date _____

GENERAL INFORMATION

Legal Name (First, M.I., Last) _____ D.O.B. _____

What do you want us to call you? _____

Gender Identity: _____ Do you identify as a person of color? _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ *Please circle the best number to reach you regularly.*

Email address _____

When can you start volunteering?

Which positions are you interested in:

Classroom/Group Mentor

Freelance Project Mentor

Auction Volunteer

Other:

Darkroom Mentor

Traveling Shows Exhibit Organizer

Intern

Specify days and times you are available:

S _____ M _____ T _____ W _____ Th _____ F _____ S _____

I am flexible: _____

How did you hear about Youth in Focus?

What are some reasons you would like to be involved?

ABOUT VOLUNTEERING AND PHOTOGRAPHY:

Please describe your past volunteer experience, background in community service, and experience working with youth:

Do you prefer film/darkroom photography or digital photography? When was the last time you worked with each?

Please describe your knowledge of, and comfort with, black & white film photography, cameras and darkroom printing:

Please describe your knowledge of, and comfort with, digital cameras, digital photography and printing:

Describe your knowledge, proficiency and comfort with Adobe Lightroom and Adobe Photoshop:

What are your main photographic areas of interest and experience, eg. documentary, weddings, fashion, street, sports, portraits, etc?

In addition to photography skills, what additional relevant knowledge, training or talents could you contribute to our program?

ABOUT YOU:

What are three words that describe your personality?

What are some things that have shaped your personal identity?

Who is someone who has played a significant role in your life? What did you admire about them and get out of your relationship?

What do you hope to gain from your volunteer experience at YIF?

We know life gets hectic, and at the same time we expect a high level of commitment and accountability from our volunteers. How will volunteering fit with your life? How will you arrange to make your YIF commitments a priority?

Present employer, if applicable _____

Position/title _____ Supervisor _____

Phone _____ May we contact for reference information? _____

For references, please list two people who have known you for at least three years (no relatives).

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

All Youth in Focus volunteers must agree to have a background check. Have you ever had a criminal record? If yes, please specify: _____

The statements set forth in this application are, to the best of my knowledge, true and complete. I agree that any misstatements or omissions as to material fact will constitute the grounds for unfavorable consideration or dismissal from volunteering with Youth in Focus. I hereby authorize Youth in Focus to verify any of the information I have provided in this application. The verification may include employer and personal references and other appropriate sources. I also agree to hold Youth in Focus and those persons who are contacted in connection with my application harmless from any legal claim regarding compliance with the request for references herein given.

I also give my consent for Youth in Focus to conduct a criminal background check with the Washington State Patrol.

Signature _____ Date _____

Please complete Section C on the attached WSP Background Check Form:

WASHINGTON STATE PATROL

Identification and Criminal History Section
PO Box 42633, Olympia WA 98504-2633

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT

RCW 43.43.830 THROUGH 43.43.845

(Instructions on Reverse Side)

A REQUESTING AGENCY/ADDRESS

Agency _____

Attn: _____

Address _____

City/State/Zip _____

I certify this request is made pursuant to and for the purpose indicated.

Authorized Signature

Date

Title

B PURPOSE

- ESD/School District Volunteer - no fee
- Non-Profit Busn./Org. - no fee (Excluding Schools & ESD's)
- Profit Business/Org. - \$10
- Adoptive Parent - \$10

Fees:

Make payable to **Washington State Patrol** by cashier's check, money order, or commercial business account.

**NO PERSONAL/CERTIFIED CHECKS
ACCEPTED**

C APPLICANT OF INQUIRY

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

Social Security Number: _____ Driver's Lic. Number/State: _____ / _____

Secondary dissemination of this criminal history record information response is prohibited unless in compliance with RCW 10.97.050.

D IDENTIFICATION DECLARING NO EVIDENCE WASHINGTON STATE PATROL IDENTIFICATION & CRIMINAL HISTORY SECTION

(THIS PORTION MAILED BY REQUESTING AGENCY)
As of this date, the applicant names below shows no evidence pursuant to RCW 43.43.830 through 43.43.845.

Requesting Agency

Applicant's Signature

Applicant's Name

Address

City/State/Zip

3000-240-430 (3/93)

WSP Use Only

Valid Two Years From Issue

Right Thumb Print (Optional)