



120 East Birch St. Ste 14 Walla Walla, WA
(509) 876-4525

VOLUNTEER APPLICATION FORM

The information on this application is requested to match your skills, aptitudes, and interests in volunteering. The rigorous screening within this application is for the safety and trust of children/youth that we serve at Trilogy Recovery Community.

Name (First, Middle, Last): _____

Local Address: _____

City: _____ State: _____ Zip Code: _____

How long at this address? _____

Home Phone: (____) _____ Work Phone: (____) _____ Email: _____

Current Employer: _____

Employer's Address: _____

Job Title: _____ Employed Since: _____

Name of Supervisor _____ Phone: _____

School/College Attended	Course of Study	Degree Received/ Graduation Date

When are you available to volunteer?

Days: Mon Tue Wed Thur Fri Hours per week: _____

Length of time you anticipate being able to volunteer: _____

Emergency Contact Information:

Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Have you ever had any traffic/driving violations? Yes_____ No_____

Have you ever been arrested or charged for a crime? Yes_____ No_____

Have you ever been convicted of a crime? Yes_____ No_____

If you responded yes to the above questions please provide a brief explanation: _____

Infraction/Crime	Date	Location

Please check “yes” or “no” for the following:

- Yes No Found in any dependency action to have sexually assaulted or exploited any minor or to have physically abused any minor?
- Yes No Found by a court in a domestic relations proceeding to have sexually or physically abuse or exploited any minor?
- Yes No Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult?
- Yes No Found by a court in a protection proceeding to have abused or financially exploited a vulnerable adult?
- Yes No Have any condition that may affect or interfere with your duties as a Volunteer?
- Yes No Have you ever been hospitalized as an adult for a mental health-related issue, a psychotic episode or a suicide attempt?
- Yes No Have you had treatment for drug and/or alcohol dependence in the last 5 years? Been convicted of a DUI in the last 5 years?

If any of these pertain to you, please explain: _____

Please list THREE references. Indicate at least one personal friend and one work reference (do not use your spouse or relatives). **References do not have to be local.**

Name	Home/Work Phone	Email Address	Relationship

By signature, I also give my permission to contact references listed above or to pursue information from any sources listed.

Signature: _____

Date: _____

This application should be turned in to Trilogy re: Megan Toliver or emailed to megan@trilogyrecovery.org with a resume.

Based on the availability of volunteer positions and following the review of your application, you will be contacted by a Trilogy staff member.

