



Volunteer Application

| | | | | | |
|-------------------|--|-------------------------|--|-----------------|--|
| Name | | | | | |
| Address | | | | | |
| City | | State | | Zip Code | |
| Email | | | | | |
| Home Phone | | Cell/Other Phone | | | |

- How did you hear about Boyer Children’s Clinic?
 - Current parent/relative/caregiver of a Boyer child
 - Former parent/relative/caregiver of a Boyer child
 - Recommended by a teacher/professor (name: _____)
 - Recommended by another volunteer (name: _____)
 - Saw/heard promotional material
 - Other (please describe: _____)

- Why are you interested in volunteering with us? What do you hope to gain from this experience?

- What type of volunteer activities are you interested in?
 - Administrative work
 - Classroom support
 - Graphic design
 - General fundraising
 - Sewing materials
 - Special events
 - Photography
 - Building maintenance

- Please tell us about your experience working with young children, ages 0-3 years.
 - I interact with young children all the time
 - I’ve had lots of experience with young children
 - It’s been a while since I’ve interacted with young children
 - I don’t really have direct experience with young children
 - I have concerns about working with young children

5. Please tell us about your experience working with people who have disabilities.
- I have extensive experience
 - I have some experience working with people who have disabilities
 - I don't really have direct experience
 - I have concerns about working with people who have disabilities
6. Are you able to sit on the floor for extended periods of time, and move quickly and comfortably from a seated position on the floor to a standing position?
- Yes, I can I'm not sure No, I cannot
7. What date are you available to begin volunteering? _____
8. Where are you able to volunteer?
- Montlake office (1850 Boyer Ave E, Seattle, WA 98112)
 - Magnuson office (7821 62nd Ave NE, Seattle, WA 98115)
9. If you are applying to be a Classroom Support volunteer, please indicate your availability. These are our current class times.

| Montlake Office | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| 9:00 – 11:00 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | n/a |
| 10:30 – 12:30 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | n/a |

| Magnuson Office | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------|
| 9:00 – 11:00 | <input type="checkbox"/> | n/a | <input type="checkbox"/> | n/a | n/a |
| 9:30 – 11:30 | n/a | <input type="checkbox"/> | n/a | <input type="checkbox"/> | n/a |
| 10:30 – 12:30 | <input type="checkbox"/> | n/a | <input type="checkbox"/> | n/a | n/a |

10. If you are applying for any other type of volunteer position, please indicate your general availability.

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

11. If you are currently enrolled in a degree or continuing education program related to special needs education, physical therapy, speech therapy, occupational therapy, or a related field, please provide the following information.

Name of School: _____

Graduation/Completion Year: _____

Field of Study/Major: _____

I understand that submitting this application form does not automatically register me as a Boyer Children's Clinic volunteer, and that I must successfully pass a Washington State Criminal Background Clearance in order to be considered for a volunteer position. I release Boyer Children's Clinic from any liability as a result of receiving any information. By submitting this form, I attest that the information I have provided on the form is true and accurate.

Signature

Date

Please send your completed application form to:

Tsege Redae
Boyer Children's Clinic
1850 Boyer Avenue E.
Seattle, WA 98112
tsege.redae@boyercc.org