



# Volunteer Application

Post Office Box 337  
 125 NW Chehalis Ave  
 Chehalis, WA 98532  
 Phone (360) 748-6601  
 Fax (360) 748-6630  
 E-mail: [info@hrnlc.org](mailto:info@hrnlc.org)

The Human Response Network strives to reflect the diversity of the community including race, ethnicity, sexual orientation, disability, income, geographical influence, religion, and age.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

How did you learn of our volunteer program?

Newspaper  Radio  Volunteer Center  Friend  Other: Please Specify \_\_\_\_\_

Describe your volunteer experience, if any?

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Why have you chosen to work here at this time in your life?

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Are you willing to commit yourself to the following?

	Yes	No
One 3 hour phone shift a week and/or weekend response phone		
Be an active volunteer for at least 6 months		
Attend various community outreach opportunities		
Attend trainings and continuing education training		

Which program/s would you prefer to volunteer for?

- |  |  |
|--|--|
| <input type="checkbox"/> Office Work( fax, copy)         | <input type="checkbox"/> Public Speaking/ Community Outreach |
| <input type="checkbox"/> East-End (Morton)               | <input type="checkbox"/> Translating                         |
| <input type="checkbox"/> Data Entry / Computer           | <input type="checkbox"/> Janitorial                          |
| <input type="checkbox"/> Landscaping                     | <input type="checkbox"/> Board Member                        |
| <input type="checkbox"/> Online Research/ Phone Contacts | <input type="checkbox"/> Other: _____                        |

What skills, interests, and/or qualifications do you have that might be helpful to the Human Response Network?

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What language(s) do you speak fluently? \_\_\_\_\_

Briefly describe yourself. (Ex: who you are, what you like, etc.)

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Is there any other information you would like to share that has not been covered in this application?

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Please give names, addresses and telephone numbers of people living in Lewis County, who have known you for at least a year and are **NOT** related to you.

**Personal References:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Work/Volunteer References:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Notes: \_\_\_\_\_

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