



A voice and a hub for the Latino community as we advocate on behalf of our people and work to achieve social justice.

Volunteer Application

Date of Application: _____

Basic Information

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Telephone (home): _____ (cell): _____

Email address: _____

Occupation: _____ Employer: _____

Race/Ethnicity (optional): _____

Are you doing Service Learning? _____ If yes, number of hours needed? _____ By _____

Emergency Contact Information

Name: _____ Relation: _____

Address: _____

Telephone: _____

Which areas are you interested in volunteering? (Must be 18 years or older to volunteer with the After School Program and Food Bank.)

- | | |
|--|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Food Bank |
| <input type="checkbox"/> Event Preparation (Cinco de Mayo, Día de los Muertos, etc.) | <input type="checkbox"/> Homeownership Department |
| <input type="checkbox"/> Day of Event Help | <input type="checkbox"/> Childcare and Children's Activities |
| <input type="checkbox"/> Marketing and Community Outreach | <input type="checkbox"/> Senior Activities |
| <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Kitchen |
| | <input type="checkbox"/> ESL/Citizenship Tutoring |

What kind of commitment are you interested in?

- Daily Weekly Monthly Events Only

Official Use Only

- Background check Entered in Database Tour and orientation Placed _____
- On-call

Availability (Please be as specific as possible in regard to the times you are available for volunteering.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am-12							
12pm-6							

Please indicate which of the following **skills** you have so that we can better match you to a program.

- Event Planning
- Fundraising
- Gardening/Landscaping
- Carpentry/Construction
- Other: Please specify: _____
- Computer Skills. What specifically? _____
- Multilingual. If checked, which languages? _____
- Food Service. Are you licensed? _____

Why do you want to volunteer with El Centro de la Raza?

How did you hear about El Centro de la Raza?

- Website/Internet Search
- Friend/Relative
- Other. Please specify: _____
- At a Community Event. Which one? _____
- At School. Which one? _____

Have you ever been convicted of a felony, sexually related crime or child abuse related offenses?

Yes No

If yes, please describe the nature of the offense, the date, and jurisdiction where it occurred.

**Please note that El Centro de la Raza routinely runs background checks with the Washington State Patrol on all volunteers prior to service but a criminal record does not automatically preclude you from serving as a volunteer.*

ALL PERSONAL INFORMATION WILL BE KEPT CONFIDENTIAL

Please e-mail your completed application to: volunteer@elcentrodelaraza.org or mail it to Volunteer Coordinator, El Centro de la Raza, 2524 16th Ave. S, Seattle, WA 98144, 206.957.4602. You may also fax it to 206.329.0786.

Official Use Only-Interview and Other Notes



The Center for People of All Races

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Volunteer Program Policy Release

I certify that I have read, understand, and agree to the terms set forth in **El Centro de la Raza's Volunteer Policy**. I further certify that understand that I am able to request a copy of this policy. I acknowledge that volunteering at El Centro de la Raza is a privilege that may be revoked in the sole discretion of the organization for any reason. El Centro de la Raza reserves the right to change this policy at any time.

Initial: _____

I acknowledge that I have reviewed a copy of **El Centro's Internet/E-mail Policy**. I further certify that I understand that I am able to request a copy of this policy. Failure to observe this policy could result in disciplinary action up to and including termination. I will familiarize myself with the policy and understand that I am governed by its contents.

Initial: _____

I certify that I have read **El Centro de la Raza's Accident Waiver and Release from Liability** form on the second page of this form and understand its content.

Initial: _____

The undersigned, by signing this **Authorization of Use and Release of Photos, Audio Clips and Video**, found on the second page of this form, hereby exempts El Centro de la Raza from any and all liability growing out of the use of my name and names of my minor children, if applicable, and photograph(s), movie film, video tape recordings, or audio tape recordings.

Initial: _____

Signature: _____

Date: _____

Printed Name: _____

If Volunteer is under the age of 18, a Parent or legal guardian must read and review the **Accident Waiver and Release from Liability Form** and the **Authorization of Use and Release of Photo and/or Audio Clips**.

I certify that I am the participant's parent or legal guardian and execute this **Accident Waiver and Release from Liability** on behalf of participant.

Signature: _____ Date: _____

Printed Name: _____



ACCIDENT WAIVER AND RELEASE FROM LIABILITY

In consideration of my application, and permitting me to volunteer; I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release, and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter accrue to me.

I acknowledge that participation in volunteer activities carries with it the potential for death, serious injury and property loss. The risks include but are not limited to weather, equipment, actions of other peoples, even/supervisors, organizers, and materials being handled. These risks are inherent within any given volunteer opportunity.

I FULLY ACCEPT AND ASSUME ALL RISKS OF PARTICIPATING IN VOLUNTEERING AT EL CENTRO DE LA RAZA AND ACCEPT PERSONAL RESPONSIBILITY FOR ANY DAMAGES AND EXPENSES ARISING FROM MY PARTICIPATION

I acknowledge that this Accident Waiver and Release from Liability is made for the benefit of El Centro de la Raza.

I will indemnify and hold harmless any and all Releases from any and all liabilities or claims made by other individuals or entities as a result of my action or omissions during my term of volunteering for El Centro de la Raza. I consent to receive emergency medical treatment, which may be deemed necessary in the event of an injury or accident. This Accident Waiver and Release from Liability shall be constructed broadly to provide a release and waiver to the maximum extent under possible applicable law. It shall not be modified in any way. If any part of this Accident Waiver and Release from Liability is determined invalid by law, all other parts of this waiver shall remain valid and enforceable.

AUTHORIZATION FOR USE AND RELEASE OF PHOTOS, AUDIO CLIPS AND VIDEO

The undersigned, being of legal age, does hereby agree and consent that El Centro de la Raza, its successors, legal representatives and assigns may use and reproduce my name, photograph and/or movie film, video tape recordings or audio tape recordings of myself; and circulate, use, publish, broadcast and otherwise distribute the same for any and all purposes including advertising, publications and other purposes of trade without limitation and/or compensation to me. The agreement also includes the same authorization for my minor children, if applicable, and includes permission to quote all or part of my statement on the reverse side of this release (with the privilege of editing or rearranging but not changing the original meaning).