



# Volunteer Application

All Volunteers Must Fill Out Application

Today's Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address is for Home or Organization (please circle one)

Primary contact number: (\_\_\_\_) \_\_\_\_\_ home/work/cell

Secondary phone: (\_\_\_\_) \_\_\_\_\_ home/work/cell

Date of birth: \_\_\_\_\_ must be 21 years old to volunteer at our residential facilities

E-mail: \_\_\_\_\_

How do you prefer to be contacted for volunteer updates and information?

- E-mail       Phone

**AVAILABILITY:** Please fill in the time(s) that you are available on each day.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

When are you available to begin volunteering? \_\_\_\_\_

How long will you be available to volunteer? (ex. 20 hours, 1 month, 1 year, etc.) \_\_\_\_\_

How often are you interested in volunteering? \_\_\_\_\_

Are you applying for volunteer opportunities to fulfill service hours?    Yes    No

If you are volunteering for service hours, how many do you need to complete? \_\_\_\_\_ By when? \_\_\_\_\_

What are the service hours for? \_\_\_\_\_

\*Please note that if you are only able to volunteer with Cocoon House for a short time, we may not be able to offer you a volunteer position where you will work directly with residents. Our number one goal is the health and safety of our teens, which means we need to provide them with a stable and consistent environment. For those youth who already have difficulty bonding with and trusting adults, we feel it is best to have only longer term staff and volunteers work directly with them in the hopes of building more meaningful relationships. For those volunteers interested in direct service with our teens, depending on the

**AGENCY USE ONLY:**

Date: \_\_\_\_\_

Approved: Y N

Start Date: \_\_\_\_\_

Position: \_\_\_\_\_

Background check: Y N

TB Results: Y N

CPR/First Aid: Y N

HIV/Bloodborne: Y N

Food Handlers: Y N

Transportation: Y

position, we ask that you be available **at least** every two weeks for a minimum of 3 months, depending on the program and the needs of the teen.

Previous experience with our cause and/or population (please give specifics): \_\_\_\_\_

\_\_\_\_\_

Highest level of education completed & degrees earned?  High School \_\_\_\_\_

College \_\_\_\_\_  Graduate \_\_\_\_\_  Other \_\_\_\_\_

How did you learn about Cocoon House? \_\_\_\_\_

Why do you want to volunteer at Cocoon? \_\_\_\_\_

\_\_\_\_\_

Is there anything else that you would like for Cocoon house to know about you? \_\_\_\_\_

\_\_\_\_\_

**INTERESTS:** Please circle all that apply and number in order of preference.

Resident and Program Activities	Up Keep of Facilities	Office
-Teaching Life Skills to Residents	-Maintenance i.e. cleaning,	-Office Work i.e. data entry,
-Arts & Crafts      -Gardening	construction, plumbing, electrical,	mailings, filing
-Field Trips      -Mentoring	painting	-Internet Marketing
-Tutoring      -Guest Chef	-Accepting and Organizing Material	-Off-Site Fundraisers,
-Job Shadowing      -Prevention	Donations at Cocoon House	Donation Drives and
-Teaching driving		Awareness events
-Senior Mentor Program		

Other: \_\_\_\_\_

\_\_\_\_\_

**Specialized skills/training, academic areas of study and/or experience:** Please circle all that apply.

Accounting	Communication	Event Planning	Financial Planning	Grant Writing
Hair/Beauty	Health & Fitness	Teaching/Tutoring	Community Outreach	Musical Instrument
Gardening	Cooking/Nutrition	Administration	Web Design	Graphic Design
Arts and Crafts	Computer/Technical	Fundraising	Marketing	Environmental

Other: \_\_\_\_\_

\_\_\_\_\_

Please indicate any foreign languages you can speak, read or write? \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

Primary Physician and Preferred Hospital: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**REFERENCES:** Please list two references. **At least one should be professional.**

	Name	Phone Number	E-mail	Relationship
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

In order to volunteer directly with youth at Cocoon House, you must pass a Department of Social and Human Services Background Check.

Do you permit Cocoon House to conduct a Background check?      Yes    No

**You may wait to sign this application until meeting with the Volunteer Coordinator.**

I acknowledge that all statements made in this application are true, complete and correct to the best of my knowledge. In addition, Cocoon House has permission to utilize any photograph or video taken of me for publicity purposes.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email or fax this application to the Volunteer Coordinator, Rachel Fisher, at:**  
[rachel.fisher@cocoonhouse.org](mailto:rachel.fisher@cocoonhouse.org), fax number: 425-317-9632

**You may also mail it or drop it off at Cocoon House Complex, 2929 Pine St. Everett, WA 98201.**

**If you have questions, please call the Volunteer Coordinator at 425-259-5802 x110**