



Palouse-Clearwater Environmental Institute

PCEI Volunteer Application

Application Date: _____ Volunteer Position Sought: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Are you under 18 years of age? Yes No

Have you volunteered with PCEI before? No Yes; When? _____

Are you fulfilling a requirement? Yes No

If yes, what type? Community Service Class requirement

Service-Learning Other _____

How many hours are you looking to fulfill? _____

Are you interested in an internship? Yes No

How did you hear about PCEI?

Friend Internet PCEI Website College Class Flier Newspaper Other: _____

Current Student: No Yes, I attend _____

Specific Training/Certifications/Qualifications: _____

Employment N/A

Current Employer: _____

Position/Title: _____

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

Personal Information

What skills or special training might you have that would be helpful for a position with PCEI?

Are you comfortable with computers? Yes No

To what degree? Extremely comfortable Pretty comfortable

Limited experience Not comfortable

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Hobbies, and Interests: _____

Groups, Clubs, Organizational Membership: _____

Volunteer Experience (please include organization names and dates of service, if possible):

What are your **personal goals**, in regards to this volunteering experience? _____

Have you ever been convicted of a crime? (If yes, please explain) *A crime is not an automatic disqualification for volunteer work with PCEI.* _____

Do you have a driver's license? ___ Yes ___ No
Do you have car insurance? ___ Yes ___ No
Is your car available for transporting others? ___ Yes ___ No
Are you able to lift up to 50 lbs? ___ Yes ___ No

*** How much time are you currently looking to volunteer?** _____

*** When are you *currently* available to volunteer?**

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start						
Finish						

Will your current availability be changing soon? If yes, how will it change? _____

References

Please list someone who knows you well and can attest to your character, skills, and dependability. You may include your current or last employer/educator:

Name/Organization: _____
Relationship to You: _____ Length of Relationship _____
Telephone: _____ E-mail _____



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Emergency Information

Do you have any allergies of which we should be aware? _____

Are you taking any medications of which we should be aware? _____

Is there anything else we should know about your physical well-being?

Emergency Contact

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Special Needs:

Parental Release

Guardian signature required for those under the age of 18.

I authorize the Palouse-Clearwater Environmental Institute, if I am unable to provide consent, to take me/my child to the emergency room of the nearest hospital, at my expense, and the hospital has my authorization to provide treatment which a physician deems necessary for my/my child's well being.

Guardian's Printed Name: _____

Signature _____ Date _____

Volunteer Release

Please read the following carefully before signing this application:

I certify that I have and will provide information that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information. I understand that the Palouse-Clearwater Environmental Institute will verify information contained on my application and I consent to permit Palouse-Clearwater Environmental Institute to contact anyone it deems appropriate to investigate or verify any information. I understand that misinformation will result in termination of service opportunities.

Signature: _____ Date: _____

Volunteer Coordinator Approved: _____ Date: _____

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