



Thank you for your interest in volunteering with Mobius! We are always looking for enthusiastic new volunteers to strengthen our team. You're on your way to enriching the lives of youth and families in our community, and having fun while doing so!

Mobius conducts a criminal history background check on all volunteer applicants. After you submit this application, I will contact you by email with instructions to complete the background check.

Please contact me with any questions or concerns. I'm always happy to help and look forward to speaking with you soon!

Best,

Alina Carleton
Volunteer Manager
acarleton@mobiusspokane.org
509.321.7219

VOLUNTEER APPLICATION

Name			Home Phone			
Street Address			Cell Phone			
City	State	Zip Code	Date of Birth			
Email						
Where did you hear about volunteering at Mobius?						
<input type="checkbox"/> Mobius website <input type="checkbox"/> Volunteer recruitment website <input type="checkbox"/> Mobius employee/volunteer <input type="checkbox"/> Visiting Mobius <input type="checkbox"/> Volunteer fair or recruitment table <input type="checkbox"/> Other: _____						
Why are you interested in volunteering at Mobius?						
<input type="checkbox"/> Community involvement <input type="checkbox"/> Work experience <input type="checkbox"/> Service learning credit <input type="checkbox"/> Corporate volunteer program <input type="checkbox"/> Other: _____						
Are you currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, name of school and major (if applicable):						
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No				My employer makes donations to organizations where its employees volunteer:		
If yes, name of employer:				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Availability:						
	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
10:00am-1:00pm						
1:00pm-3:30pm						
3:30pm-5:30pm						
Availability varies: <input type="checkbox"/> Yes <input type="checkbox"/> No						
After-hours and/or special events: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Please list one work, school, or personal reference that we may contact regarding your application. Please do not list family members or relatives.						
Name and relationship to you				Phone number		

VOLUNTEER HISTORY

Please list any previous volunteer experience:

Please list special skills and interests that you have that might be relevant to volunteering at Mobius:

MEDICAL INFORMATION

This information will be kept confidential and will be used only in the event that you require assistance. It will not, in any way, act as a condition of your acceptance into the volunteer program.

In case of emergency, contact:		
Name and relationship to you		
Home phone	Cell phone	Work phone
<p>Do you require any special accommodations in your work area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">Please note that volunteers must be able to perform activities of daily living without assistance from Mobius staff while in the workplace.</p> <p>If yes, please describe:</p>		
<p>Are you currently taking any medications regularly? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list:</p>		
<p>Do you have any serious allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please list:</p>		
<p>Do you require emergency medication for these allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list and describe any medical administration that may be required in an emergency:</p>		
<p>Please list and describe any medical conditions of which emergency personnel or we should be aware of (eg. seizures, diabetes, etc.):</p>		
<p>I give my permission to release this information to emergency medical personnel and those persons who serve as my immediate supervisors.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>I authorize the administration of First Aid by Mobius staff in the event of an emergency.</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Signature _____ Date _____</p>		
<p>Parent/guardian signature _____</p> <p style="text-align: center;"><i>Parent/guardian signature required if applicant is less than 18 years old.</i></p>		