



Volunteer / Member Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering

- | | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Pancake Breakfast Fundraiser |
| <input type="checkbox"/> Chief for a Day | <input type="checkbox"/> Phone Bank |
| <input type="checkbox"/> General Fundraising | <input type="checkbox"/> Prescription Drug Take-Back/Shred Event |
| <input type="checkbox"/> Graffiti Abatement | <input type="checkbox"/> Radar Reader Board |
| <input type="checkbox"/> National Night Out | <input type="checkbox"/> SafeAssured ID |
| <input type="checkbox"/> Newsletter Production | <input type="checkbox"/> Volunteer Coordination |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that some volunteer opportunities may require a background check and fingerprinting.

Individual dues are ten dollars (\$10.00) per year. Business dues are fifty dollars (\$50.00) per year. This membership entitles five people of the business to participate, but the business is only entitled one vote at membership meetings.

Mail your completed application along with your check for \$10.00 per individual or \$50.00 per business to: PO Box 216, Walla Walla, WA 99362 or email it to us at info@wwacw.com.

Name (typed/printed)	
Signature	
Date	

Thank You

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with Walla Walla Area Crime Watch and its crime prevention efforts in the Walla Walla Valley.