



Yakima Neighborhood Health Services
 12 South 8th St, PO Box 2605
 Yakima WA 98907-2605
 Phone (509) 454-4143 Fax (509) 454-3651
 www.ynhs.org

Yakima Neighborhood Health Services Application to Volunteer

Complete and return this application to Don Hinman Building attn: Human Resources, fax to YNHS administration at 509-454-3651, email to patricia.thompson@ynhs.org OR Complete online at www.volunteermatch.org

Personal Information:

Name	DOB:
Email Address:	Social Security #
Address	Phone#
Will visa or immigration status prevent lawful employment?	Yes No
If under age 18, can you provide proof of eligibility to work?	Yes No
During the last 7 years, have you been convicted of any criminal offense involving violent behavior, dishonesty, or breach of trust? If yes, explain:	Yes No

Volunteer Position Desired (if known):

Date Available	Position/Job Desired:
Days Available to Volunteer (circle)	Mon Tues Wed Thurs Fri Sat
Hours Available (circle)	Mornings afternoons evenings

Education:

	High School	College	Trade / Other
Name / Location of School			
Dates Attended			
Did you graduate?			
Major area of study			
Degree obtained			
Date of degree			



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Special Accommodations Needed:

Please describe any accommodation required:

Work History (list most recent employer first. Include employment that covers the last 7 years. Explain any periods of unemployment more than 30 days):

Employer	Date Hired
Address	Date Separated
Name/Title of Supervisor	Phone
Your title / responsibilities	
Reason for leaving:	

Employer	Date Hired
Address	Date Separated
Name / title of Supervisor	Phone
Your title / responsibilities	
Reason for leaving:	

Employer	Date Hired
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Professional Registration / Licensure (attach copies):

Type of Registration/License	State	Number	Expiration Date

If you do not have a required registration or license, have you applied for one? **Yes** **No**
 If an exam is required, what date are you schedule to take the exam? _____
 If not licensed in Washington State, have you applied for reciprocity? _____

Occupational Skills / Experience:

Do you speak any languages other than English?

If so, are you certified by any agency?

List any additional skills or training , or any additional information about your work habits / experience you would like us to know about:

Describe your computer skills:

References: List three professional references, who can discuss your work abilities:

Name	Address	Phone	relationship

List any current or former employees of YNHS you know :



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Your signature below:

- 1. **Certifies the information provided on this application is true and complete. Any misrepresentations may result in rejection from your volunteer experience or termination if you are already engaged.**
- 2. **You authorize former employers, schools, and references to provide information about your skills and abilities to YNHS.**
- 3. **You authorize YNHS to conduct an inquiry of the Washington State Patrol. This inquiry provides information of convictions of crimes against children or other persons, crimes relating to drugs, crimes relating to financial exploitation of a vulnerable adult, and certain civil adjudications.**

Applicant's Signature

Date

APPLICANTS DO NOT WRITE BELOW THIS LINE
