



Volunteer Application

All Volunteers Must Fill Out Application

Today's Date: _____ Gender: _____

Name: _____

Organization or group: _____

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 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	Prevention Program
-Teaching Life Skills to Residents	-Maintenance i.e. cleaning, yard work	-WayOUT Volunteer
-Gardening	-Donation Room Assistant	-WayOUT presenter
-Mentoring	-Admin assistance i.e. mailings, filing	-Phone Surveyor
-Tutoring	-Database Maintenance	
-Guest Chef	-Off-Site Fundraisers, Donation Drives	
-recreation and transportation helper	and Awareness events	

Other areas of interest: _____

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

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 and Development Associate,

Dayna Young, at: dayna.young@cocoonhouse.org fax: 425-317-9632

You may also mail it or drop it off at Cocoon House, 2929 Pine St. Everett, WA 98201. If you have questions, please call 425-259-5802 x 123