

**Smithwright Services
Volunteer Application**



I want to volunteer at Smithwright Services in the * _____ program.

*Group Home, Edmonds

*Supported Living, 5 Lynnwood locations

*Children's, Lynnwood, Mountlake Terrace, Bothell locations

Date of Application: _____

How did you hear about us?

- Employee of SWS Friend Walk-in
 Website Relative Other: _____

| | | | | | |
|-------------------|--|------------|--------|----------------|--|
| Last Name | | First Name | | Middle Name | |
| Address | | City | | State Zip | |
| Telephone Numbers | | | EMAIL | | |
| (home) | | | (cell) | | |

Are you over the age of 21? Yes No

Do you have a current driver's license? Yes No

Are you willing to submit to a Criminal Background Check that may include fingerprinting?
 Yes No

AGREEMENT

My answers on this application are true and correct and complete. I understand that if I am accepted as a volunteer by Smithwright Services, it will be at the will of both parties and that my volunteering can be terminated at any time, with or without cause. I understand and agree that no offer or promise of employment has been made.

I authorize Smithwright Services to request criminal background checks on me and copies of my driving record (if I may operate a commercial vehicle on behalf of Smithwright Services) upon an offer of a position as a volunteer and during the course of my volunteering.

Signature

Date