



Whatcom Dispute Resolution Center

360.676.0122 | whatcomdrc.org | 206 Prospect Street | Bellingham, WA 98225

VOLUNTEER APPLICATION

Name : _____ Other Names Used or Previous Names: _____

What are your personal pronouns? _____

ADDRESS: _____
(Street) (City) (Zip)

PHONE: Home _____ Work _____

E-MAIL: _____ BIRTHDATE: _____

Answers to the following questions will give you and our staff some sense of why you are interested in volunteering at the Whatcom Dispute Resolution Center. All of the information will be kept confidential and will not be shared with anyone other than our staff.

1. How long have you lived in the area?

2. How long do you expect to live in the area? _____

3. Please list your educational background:

_____ School Area of Study Dates Degree/diploma _____

4. Please list your recent work experience: *(A resume should also be attached to this application)*

_____ Employer Position/Duties Dates _____

5. Why are you interested in volunteering with the Whatcom Dispute Resolution Center? _____

6. List any specific skills or experiences you have that you think may be valuable to the WDRC, including languages, computer proficiencies, and community outreach.

7. Do you carry a weapon? _____

8. How much time can you commit to working with the WDRC? _____

9. What days and hours do you prefer? _____

10. Mark all that may be of interest to you:

- | Office | Training/ Mediation | Board | Supervised Visitation |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Receiving training | <input type="checkbox"/> Finance | <input type="checkbox"/> Visit Supervisor |
| <input type="checkbox"/> Computer work | <input type="checkbox"/> Training others | <input type="checkbox"/> Marketing | <input type="checkbox"/> Onsite Support
and Office |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Mediation | <input type="checkbox"/> Planning | |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Group facilitation | <input type="checkbox"/> Fundraising | |

Other _____

11. List two references (other than a relative):

(Name)	(Relationship)	(Phone)
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(Name)	(Relationship)	(Phone)
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12. Person to call in case of emergency:

(Name)	(Relationship)	(Phone)
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(Address)	(City)	(Zip)
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Volunteer's Signature

Date of application

**Signing this verifies your permission for the WDRC to perform a background check*