



Volunteer Registration Form

Date of Application: _____

Name: _____ Birthdate: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail: _____

Phone: _____ Alternate Phone: _____

References: (name, phone number and relationship)

1. _____

2. _____

3. _____

Driver's License: _____

Vehicle Make and Model: _____

Vehicle License: _____

Area of Interest:

1. Direct contact with member: Evening: Daytime:
2. Kitchen and food prep organization:
3. Cleaning and organizing:
4. Crafts, sewing or other classes for small groups of members:
5. Shopping:
6. Grounds and outside maintenance:
7. Sports and fitness:
8. Publicity:
9. Fundraising:
10. Special events:
11. Office work:
12. Anything needed:
13. Other ideas _____

I confirm and acknowledge that my electronic signature on this Volunteer Registration Form constitutes my valid and legally binding signature. I understand and agree that typing my name on the signature line below is the electronic equivalent of my written signature on this Volunteer Registration Form .

Volunteer signature: _____

Name (please print): _____

MEDIA RELEASE FORM

I, _____, grant permission to Project id, hereinafter known as the "Media" to use my image (photographs and/or video) for use in Media publications including:

(Check All That Apply)

Videos Email Blasts Recruiting Brochures Newsletters
Magazines General Publications Website and/or Affiliates

Other: _____

I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Please **initial** the paragraph below which is applicable to your present situation:

_____ - I am 20 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

_____ - I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

I confirm and acknowledge that my electronic signature on this Volunteer Registration Form constitutes my valid and legally binding signature. I understand and agree that typing my name on the signature line below is the electronic equivalent of my written signature on this Volunteer Registration Form .

Signature: _____ Date: _____

Name (please print): _____

Address: _____

Signature of parent or legal guardian: _____

(if under 20 years of age)



Washington State Patrol
Request for Criminal History
Child/Adult Information Act RCW 43.43.830-845

Form can be mailed to:

PO Box 18703
Spokane, WA 99228

Form can be emailed to:

Sarat@projectidspokane.org
Bob@projectidspokane.org

Drop form off at:

4209 E Pacific Ave.
Spokane, WA 99202

Organization Name: Project id, Inc.

Please complete all lines. Please print legibly.

Name: _____
Last First Middle

Alias/Maiden Name(s): _____

Date of Birth: _____ **Sex:** Male Female **Race:** _____
Month/Day/Year

Social Security Number: _____

Driver's License Number: _____

Address: _____

City State Zip

Phone Number: _____ **Email:** _____

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Applicant's signature: _____ **Date:** _____