KIN ON VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering at Kin On. Please complete and submit both the application form and background check form to Kin On by mail or email. A Kin On representative will contact you upon receipt of this form. Please note that actual volunteer placement is based on position availability.

Kin On

Attn: Volunteer Coordinator

4416 S. Brandon St, Seattle, WA 98118

Phone: 1.888.721.3634 Email: contact@kinon.org

Today's Date			
Full Name			
Phone			
Email			
Mailing Address			
Employer/Occupation or School/Grade			
Will you need documentation for your community service hours?	☐ Yes. I need (no.) hours by (date) ☐ No		
Language Skills	Check all that apply: ☐ English ☐ Cantonese ☐ Mandarin ☐ Toishanese ☐ Taiwanese ☐ Vietnamese ☐ Tagalog ☐ Other:		
Other Skills	Check all that apply: MS Office Games (check all that apply) Mahjong American Checkers Chinese Checkers American Chess Chinese Chess Graphic Design: (programs/skill level) Translation (English/Chinese) Music: Medical/Therapy:		
Type of Tasks Preference(s)	Check all that apply: ☐ No preference ☐ General administration ☐ Special Events/Fundraisers ☐ Working with residents ☐ Prefer not to work with residents ☐ Other:		

Dept/Days/Time Preference(s)	Desired Start Date:			
Please indicate which department(s) and timeframe(s) you are available to volunteer. Actual placement is determined by position availability and interview.	Desired End Date:			
	All volunteer opportunities require a three-month commitment unless otherwise noted or arranged.			
	•	:: □ Mon □ Tues □ Wed □ Thu □ 10am-12pm □3:15 pm-4:4	5pm	
	One-on-One Resi Day(s) of the week Timeframe: Commitment:	dent Activities a: □ Mon □ Tues □ Wed □ Thu To be arranged □ 3-6 months □ 6-12 month		
	• • •	x:□ Mon □ Tues □ Wed □ Thu □8am-9am □12 pm-1pm	☐ 6pm-7pm	
	Day(s) of the week	herapy staff with rehab reside ::	ırs	
	Day(s) of the week	eral Admin, Fund Development: Mon Tues Wed Thue to 4-hr timeframe betwee 3-6 months 6-12 month	urs □ Fri n 10am-6pm)	
	Special Events/Fundraisers (one-time projects) ☐ times vary (inquire Kin On staff for more details)			
	-	otionist (must be 18+) a: □ Mon □ Tues □ Wed □ Thu □ 10am-11am □ 1pm-2pm □ 6-12 months □ 12+ months		
Emergency Contact		Relationship		
		 Email:		
How did you hear about Kin On?	☐ Website:	relationship to Kin On:		
I understand that all my services are Volunteers who are under 18 years				
Applicant's Name	Signature	Relationship	Date	
(If under 18) Guardian's Name	 Signature	 Relationship	Date	