

# Computer Recycling Education & Training Volunteer Application

Date\_\_\_\_\_

**A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION  
MUST BE ATTACHED. IT WILL BE USED TO VERIFY THE INFORMATION GIVEN BELOW.**

Please PRINT your FULL Legal Name so we can read and spell your name correctly.  
Fields marked with '\*' are required

\* Last name: \_\_\_\_\_

\* First name: \_\_\_\_\_

Title: \_\_\_\_\_

\* Street: \_\_\_\_\_

2nd address line: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_

\* Zip: \_\_\_\_\_

\* Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\* E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\* Date of Birth: \_\_\_\_\_

\* Place of Birth: \_\_\_\_\_

\*Washington State ID or  
Driver's License #: \_\_\_\_\_

Allergies or Disabilities, if  
any: \_\_\_\_\_

Maximum Weight You Can  
Comfortably Lift: \_\_\_\_\_

\* Felony Conviction: \_\_\_\_\_

Have you ever been  
convicted of or plead guilty to  
any crime(s): ☐ Yes ☐ No

If yes, describe each in full: \_\_\_\_\_

Education: \_\_\_\_\_

Special, professional  
training, skills, hobbies: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Why do you want to  
volunteer with this  
organization? \_\_\_\_\_

This Section for Office Use

W.A.T.C.H. Request Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

W.A.T.C.H. Request By: \_\_\_\_\_

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## POSSIBLE ASSIGNMENTS

Please check the assignments you are interested in.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Administration      | <input type="checkbox"/> Triage            | <input type="checkbox"/> Disassembly       |
| <input type="checkbox"/> Store               | <input type="checkbox"/> Facilities        | <input type="checkbox"/> Finance           |
| <input type="checkbox"/> Recycling           | <input type="checkbox"/> Build             | <input type="checkbox"/> Training          |
| <input type="checkbox"/> Grant Writing       | <input type="checkbox"/> Component Testing | <input type="checkbox"/> Software Projects |
| <input type="checkbox"/> Public Relations    | <input type="checkbox"/> Quality Assurance | <input type="checkbox"/> Advertising       |
| <input type="checkbox"/> Workstation Support | <input type="checkbox"/> Server Support    | <input type="checkbox"/> Teaching          |
| <input type="checkbox"/> Technical Writing   | <input type="checkbox"/> Networking        | <input type="checkbox"/> System Design     |
| <input type="checkbox"/> Hardware Projects   |  |  |

## Anything Else?

Provide any additional information that might help us place you in an assignment.

I am able to work a four hour shift: ☐ Yes ☐ No

## REFERRING AGENCY

Please list referring agency, if applicable

Agency Name:	
Contact Person:	
Phone Number:	
Email:	

## STUDENT VOLUNTEERS

Is this to fulfill a school requirement or will you receive school credit for your service?

☐ Yes ☐ No

If YES, name of school: \_\_\_\_\_

Is this a Service-Learning experience? ☐ Yes ☐ No

Number of Hours needed: \_\_\_\_\_

Deadline to Complete Hours: \_\_\_\_\_

## COMMUNITY SERVICE VOLUNTEERS

Are you looking to complete Court Ordered Community Service Hours?

☐ Yes ☐ No

If YES, offense: \_\_\_\_\_

Number of Hours needed: \_\_\_\_\_

Deadline to Complete Hours: \_\_\_\_\_

Parole/Probation Officer's name: \_\_\_\_\_

Phone: \_\_\_\_\_

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We will use your entries in the tables below to determine what times we can schedule you for volunteer work at CRE&T. CRE&T has many areas to manage, but most areas can only accommodate one to three volunteers at a time. So we must schedule your activity in order to make the best use of the facilities. The number of days and weeks per month that you are able to volunteer will have some impact on your placement.

## SHIFT TIMES YOU ARE AVAILABLE – SPECIFY TIME PERIODS

Check all the shifts during which you may be available for volunteer service.						
	08:00 A.M. - 10:00 A.M.	10:00 A.M. - 12:00 P.M.	12:00 P.M. - 02:00 P.M.	02:00 P.M. - 04:00 P.M.	04:00 P.M. - 06:00 P.M.	06:00 P.M. - 08:00 P.M.
Sunday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enter exceptional times when you will NOT be available. e.g., "Last Friday of each month."						

## SHIFT TIMES YOU ARE AVAILABLE – SPECIFY TOTAL HOURS PER WEEK

Check the number of hours that you would be willing to volunteer in any given week.						
<input type="checkbox"/> 2	<input type="checkbox"/> 4	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14
<input type="checkbox"/> 16	<input type="checkbox"/> 18	<input type="checkbox"/> 20	<input type="checkbox"/> 22	<input type="checkbox"/> 24	<input type="checkbox"/> 26	<input type="checkbox"/> 28
<input type="checkbox"/> 30	<input type="checkbox"/> 32	<input type="checkbox"/> 34	<input type="checkbox"/> 36	<input type="checkbox"/> 38	<input type="checkbox"/> 40	

## SHIFT TIMES YOU ARE AVAILABLE – SPECIFY DAYS

Check the number of days in which you would be willing to work a shift in any given week.						
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7

## SHIFT TIMES YOU ARE AVAILABLE – SPECIFY WEEKS

Check the number of weeks in which you would be willing to work a shift in any given month.				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## SHIFT TIMES YOU ARE AVAILABLE – SPECIFY MONTHS

Check the number of months in which you would be willing to work a shift in any given year.			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

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**SUPPLEMENTAL** (This information is NOT required.)

## Volunteer Experience

You may provide information for contacts you made during other volunteer experiences past or present who can provide references on your ability to perform this volunteer position:

\* Organization/Agency: \_\_\_\_\_

Position: \_\_\_\_\_

\* Supervisor name: \_\_\_\_\_

\* Supervisor Phone: \_\_\_\_\_

\* Supervisor Email: \_\_\_\_\_

\* Street: \_\_\_\_\_

2nd address line: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_

\* Zip: \_\_\_\_\_

## Employment Experience

You may provide this information for an employer past or present who can provide a personal reference on your behalf.

\* Company Name: \_\_\_\_\_

Position: \_\_\_\_\_

\* Supervisor name: \_\_\_\_\_

\* Supervisor Phone: \_\_\_\_\_

\* Supervisor Email: \_\_\_\_\_

\* Street: \_\_\_\_\_

2nd address line: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State: \_\_\_\_\_

\* Zip: \_\_\_\_\_

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## **REFERENCES** (This information is to be filled in by CRE&T personnel.)

<b>Reference #1</b>	Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____
A non-family member who provided a personal reference on the volunteer's behalf.	
* Organization/Agency:	_____
* Last Name:	_____
* First Name:	_____
* Relationship:	_____
* Daytime Phone:	_____
* Email:	_____
* Street:	_____
2nd address line:	_____
* City:	_____
* State:	_____
* Zip:	_____
Caveats:	_____
Comments:	_____

<b>Reference #2</b>	Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No By: _____
A non-family member who provided a personal reference on the volunteer's behalf.	
* Organization/Agency:	_____
* Last Name:	_____
* First Name:	_____
* Relationship:	_____
* Daytime Phone:	_____
* Email:	_____
* Street:	_____
2nd address line:	_____
* City:	_____
* State:	_____
* Zip:	_____
Caveats:	_____
Comments:	_____