



LEFT FOOT ORGANICS

PO BOX 12772

OLYMPIA, WA 98508

360-402-3748

www.leftfootorganics.org

Promoting self-sufficiency, community inclusion and independence for people with developmental disabilities through meaningful employment and training in the production and marketing of high quality, fresh, organic food.

VOLUNTEER/INTERNSHIP APPLICATION

"Generosity is not in giving of what you have...
But in giving of who you are."--Johnnetta B. Cole

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

EMPLOYER _____

WORK ADDRESS _____

POSITION _____

How did you hear about *Left Foot Organics*? _____

PREVIOUS VOLUNTEER ACTIVITIES

Have you volunteered previously? _____ Yes _____ No

If Yes, where? _____

What were your primary duties? _____

VOLUNTEER SKILLS AND PREFERENCES

Please describe why you would like to volunteer with *Left Foot*. _____

What special professional or personal skills do you have to share? _____

Left Foot Organics is a smoke free workplace. Can you comply? _____ Yes _____ No

Can you commit to volunteering with *Left Foot* for at least a full growing season (May to Nov.), or 5 months?

_____ Yes _____ No, I can only commit to _____ months.

REFERENCES

For the protection of the individuals with developmental disabilities that we serve, we investigate the criminal conviction history of all employees and volunteers. Any records received will be kept confidential and made available to you for your inspection. Please supply the following information to facilitate this inquiry:

Birthdate (mm/dd/yy): _____ Social Security Number _____ - _____ - _____

Please list two references, at least one who has served in a supervisory capacity, and indicate whether Left Foot has your permission to contact these individuals.

1. NAME _____ CONTACT? ____ Yes ____ No
 RELATIONSHIP _____ PHONE _____
 ADDRESS _____

2. NAME _____ CONTACT? ____ Yes ____ No
 RELATIONSHIP _____ PHONE _____
 ADDRESS _____

I UNDERSTAND THE NATURE OF THE PROGRAM FOR WHICH I WISH TO VOLUNTEER, AND CERTIFY THAT THE STATEMENTS ABOVE ARE TRUE AND CORRECT. I UNDERSTAND FURTHER THAT MY VOLUNTEER SERVICE IS CONDITIONAL PENDING THE OUTCOME OF A CRIMINAL BACKGROUND INVESTIGATION AND THAT MY FIRST 10 VOLUNTEER HOURS WILL BE SERVED ON A PROBATIONARY BASIS.

SIGNATURE OF APPLICANT _____ DATE _____