



13. Do you speak another language? \_\_\_\_\_ No \_\_\_\_\_ Yes

Language(s) \_\_\_\_\_ none \_\_\_\_\_ fluent  
1 2 3 4 5

14. Overseas travel experience? \_\_\_\_\_

15. Special skills? \_\_\_\_\_

16. How long a commitment can you make? Circle one: 1 time event 1 month 3 months 1 year Other \_\_\_\_\_

17. Hours available:

	MON	TUES	WED	THUR	FRI	SAT
AM						
PM						
EVEN						

18. Do you drive? \_\_\_\_\_ Yes \_\_\_\_\_ No

19. List two references:

\_\_\_\_\_ Name phone #

\_\_\_\_\_ Name phone #

20. Due to the vulnerability of our clients, we require volunteers to submit information to request WA State Patrol Criminal History Information (Background Check). *This is in accordance with Information Act: RCW 43.43.830 - 43.43.845* To complete the check properly, please provide the information below.

Alias/Maiden Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

**Volunteer / Intern Release Statement:**

As a condition of my participation in the Asian Counseling & Referral Service Volunteer / Intern Program, I hereby release ACRS and its agents, associates, and related parties from all responsibility for personal injuries to me and damages to my property sustained in the performance of my volunteer / intern activity. I also authorize ACRS to perform a Criminal History Information check with the Washington State Patrol.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

**THANK YOU!**

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OFFICE USE ONLY ( RE Code: \_\_\_\_\_ )

Supervisor: \_\_\_\_\_

Location: \_\_\_\_\_