



# S.H.O.C. - Registration Form

**Students Helping Our Community**  
A Bellingham School District – Whatcom Volunteer Center Partnership



Volunteer's Name \_\_\_\_\_ Graduation Year \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

I am already volunteering at: \_\_\_\_\_

I need help find a volunteer placement.

## Interest Checklist

Please read and check the categories that interest you. You may check as many interest areas as you wish! *You may not feel you have the skills for a particular area; however, volunteering is a great way to develop new skills. So, do not limit yourself to only those areas you know how to do ... many volunteer opportunities provide the training you need!*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Outdoors                 | <input type="checkbox"/> Teens           | <input type="checkbox"/> Elderly          |
| <input type="checkbox"/> Animals                  | <input type="checkbox"/> Counseling      | <input type="checkbox"/> Children         |
| <input type="checkbox"/> Health Care              | <input type="checkbox"/> Social Service  | <input type="checkbox"/> Recreation       |
| <input type="checkbox"/> Arts/Entertainment       | <input type="checkbox"/> Trades/Industry | <input type="checkbox"/> Library/Research |
| <input type="checkbox"/> Office/Business Clerical | <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Other _____      |

Whatcom Volunteer Center may call to recruit you for a volunteer opportunity that fits your interests. If you would like them to contact you, please sign below authorizing them to call you.

I authorize Whatcom Volunteer Center to contact me. \_\_\_\_\_  
*Your signature*

## Insurance Information

If you will be driving a vehicle to and from your volunteer job, the following information is required to provide you with excess automobile insurance coverage through WVC.

Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Do you carry the minimum state-required liability insurance (or are you on your parent's insurance?)  Yes  No

Whatcom Volunteer Center provides volunteers with a \$2,500.00 life insurance policy in case of accidental death during volunteer service.

\_\_\_\_\_  
 Name of Beneficiary Phone

\_\_\_\_\_  
 Mailing address of Beneficiary City State Zip

**Important!**  
**Please See Reverse Side**





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**Confidentiality Statement:** I understand that all information in this form is voluntarily supplied and may be used and disclosed in a professional manner and in good faith for in the specific purpose of volunteerism only. I understand that it is the policy of WVC to regard all information pertaining to staff, volunteers, and clients served as confidential. This includes both written and verbal information. Furthermore, I understand and agree to comply with the confidentiality statement as it pertains to information I may learn or be entrusted with as a volunteer in the community.

I understand the policy and agree to comply with it \_\_\_\_\_  
*Volunteer initial here*

**Drug Free Statement:** Whatcom Volunteer Center is committed to providing a drug free, healthful, safe and secure work environment for employees and volunteers. Therefore, each volunteer is expected and required to report to work in appropriate mental and physical condition to perform his/her assigned duties. WVC prohibits the use, possession, or sale of illicit drugs in the work place or when conducting agency business. WVC requires its volunteers to be free from illicit drugs and free from the influences of alcohol or illegal drugs where the potential for impairment for unsafe job performance is indicated. Enforcement of this policy will be made according to the guidelines set out in the WVC Personnel Policy.

I understand the policy and agree to comply with it \_\_\_\_\_  
*Volunteer initial here*

**Parental/Guardian Consent:** I have read the above Confidentiality and Drug Free Statements and give my child permission to participate in the SHOC program in partnership with WVC.

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date

Please sign and date this registration form. This affirms you have read and understood the insurance information, Confidentiality Statement, and the Drug Free Statement on this form and that all above information is true to the best of your knowledge.

\_\_\_\_\_  
 Volunteer signature

\_\_\_\_\_  
 Date