

2023 Volunteer Application



2741 S. Wenas Road, Selah, WA 98942

Contact Information

Name		Date	
Street Address			
City ST ZIP Code			
Home Phone			
Work Phone			
E-Mail Address			

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Administrative
- Board of Directors Position
- Advisory Board
- Youth Paleontology, Archaeology, and Geology 3-Day Day Camp
- Teacher Paleontology, Archaeology, and Geology 2-Day Day Camp
- Central WA State Fair – STEM Building
- Construction Projects
- Curriculum Development and Activities
- Day-at-the-Dig (Annual Event in October)
- Events with the Mobile Educational Exhibit
- Field Work at Dig Site
- Fundraising
- Public Relations / Speaker
- Phone bank
- Volunteer Coordinator

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that all volunteers, for the safety of the WMF volunteers and participants, must agree to a criminal background check by completing and signing the background check authorization form.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

CONFIDENTIAL

Wenas Mammoth Foundation Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ Date of Birth: _____

Telephone Number: _____ Driver's License Number/State: _____

Email Address: _____

Have you ever been convicted of a crime? No Yes If yes, please explain: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize **the Wenas Mammoth Foundation** and its designated agents and representatives to conduct a comprehensive review of my background producing a background check report to be generated for volunteer purposes. I understand that the scope of the background check report may include but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **the Wenas Mammoth Foundation**, or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release the **Wenas Mammoth Foundation**, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____