

2025 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?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> 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 Camps
- ☐ Teacher Paleontology, Archaeology, and Geology 2-Day Day Camps
- ☐ Central WA State Fair – STEM Building
- ☐ Construction Projects
- ☐ Community Outreach Events
- ☐ Curriculum Development and Activities
- ☐ Day-at-the-Dig (Annual Event)
- ☐ Educational events at schools
- ☐ 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	

Criminal Background Check

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. If you are currently employed by a school district and have a background check on file, please provide the following information:

Yes , I have a Criminal Background Check on file with the school district or other organization where I am currently employed.	Name and Address of School District or other organization.	
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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.

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.

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

Name (printed)	
Signature	
Date	

CONFIDENTIAL

Wenas Mammoth Foundation Background Check Authorization

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

Former Name Used: _____
(First) (Middle) (Last)

Former Name Used: _____
(First) (Middle) (Last)

Former Name Used: _____
(First) (Middle) (Last)

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

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

Date of Birth: _____

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: _____