



**ASIAN COUNSELING  
and REFERRAL SERVICE**

*For Office Use Only:*

Date Recv'd: \_\_\_\_\_ Bkgrd. Check: \_\_\_\_\_  
 Referral Date: \_\_\_\_\_ > Program: \_\_\_\_\_  
 Status: \_\_\_\_\_ Date Started: \_\_\_\_\_  
 WA ID: \_\_\_\_\_ Days: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_ Program: \_\_\_\_\_

**VOLUNTEER / INTERN APPLICATION**

1. \_\_\_\_\_  
 Last Name                                      First                                      Middle                                      Contact Phone

2. \_\_\_\_\_  
 Address    City                                      State                                      Zip

3. E-mail address: \_\_\_\_\_

4. Emergency Contact Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

5. \_\_\_\_\_  
 Business/Work Address    Business/Work Telephone

6. Does your employer match volunteer hours with donations (for example: Microsoft, Starbucks, etc...)?

No             Yes >      Company name: \_\_\_\_\_

7. **How did you find us?**       ACRS website             VolunteerMatch.org       Other website/source: \_\_\_\_\_

United Way                       Craigslist                       Service Learning

ACRS Staff       Walk-in       Outreach event \_\_\_\_\_       Referred by: \_\_\_\_\_

8. Education/School \_\_\_\_\_

Major Course Work \_\_\_\_\_

9. Volunteer **OR** Relevant Work Experience

Dates	Agency/Organization	Description of Duties	Population/Type of Clients

10. Why do you want to volunteer / intern with ACRS? \_\_\_\_\_

\_\_\_\_\_

11. What experience and/or education have you had in working with people (examples: individual work, groups, interviewing, outreach, etc.).

\_\_\_\_\_

\_\_\_\_\_

12. What kind of volunteer / intern work are you interested in? \_\_\_\_\_

\_\_\_\_\_

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						
EVES						

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: \_\_\_\_\_

Please attach a copy of your Photo ID along with your application, or bring it to the main office.

**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!**