

---

# HCNW

Homeownership Center Northwest Affordable Housing Redefined

## Volunteer Application Form

*\*Please return completed applications to David Puszczewicz at Homeownership Center.*

Applications can be submitted in a variety of ways:

- Hand deliver or mail it to 1424 South J Street, Tacoma, WA. 98405
- Email David@hcthomes.org

If you have any questions you may reach David at 253-627-6560.

**Name:** \_\_\_\_\_  
*first initial last*

**Address:** \_\_\_\_\_  
*number street Apt No., Unit No., P.O Box*  
\_\_\_\_\_  
*City/Town Postal Code*

**Home:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**In case of an Emergency, Contact:**

**Name:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Position Applying For:** *(Check the applicable circle)*

- One time volunteer(Less than 12 hrs)
- Long term volunteer
- Unsure

**What days/times are you available to volunteer? (Circle all that apply)**

**Sun. Mon. Tues. Wed. Thurs. Fri. Sat.**

**Mornings Afternoons Evenings**

**Preferred Start Date:**

- ASAP
- Date: \_\_\_\_\_

**Program of Interest:**

- Grant Writing
- Bookkeeping
- Advocacy
- Fundraiser
- Newsletter

**Why are you interested in volunteering?**

\_\_\_\_\_

**If you are looking for one-time/short term volunteer opportunities, check the circle to which activity(s) are you interested in?**

- Handyman IE: Painter, Carpentry, Framer, Electrical, Plumbing, Drywall, General Repair, Other
- General Office
- Other IE: Grant Writing, Fundraising, Research, Graphic Design, Editing, Translation, Committee, Other

**How did you hear about HCNW and its volunteer program?**

---

---

**List Any Previous or Current Volunteer Experience:**

<i>Organization</i>	<i>Position/Major Responsibility</i>	<i>Dates of service (yy/mm)</i>	
		<i>From:</i>	<i>To:</i>
1 _____	_____	_____	_____
2 _____	_____	_____	_____

**Educational Background:**

<u>Institution:</u>	<u>Location</u>	<u>Dates</u>	<u>Degree</u>
High School: _____			
College: _____			
Other: _____			

**Work Experience:**

1) Previous/Last employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Description of position: \_\_\_\_\_

---

2) Present/Last employer: \_\_\_\_\_ Dates: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

Description of position: \_\_\_\_\_

---

**Please list two (2) references (not related to you):**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_

**How do you hope to benefit from this experience?**

---

---

---

**What is your preferred method of contact?**

- Via email
- Via phone

**Would you be interested in being a part of an email database that will update you on HCNW and its upcoming events?**

- Yes
- No

**Background Information**

**Please note consent to investigate background on the bottom of the page.**

**Yes    No**

Were you ever convicted of a felony or a misdemeanor (other than a traffic violation)?    

Do you have any pending criminal charges?    

Have you ever been subjected to a civil protective order for domestic violence or abuse?    

Have you ever been investigated for or charged with child abuse or neglect?    

Has your driver’s license ever been suspended or revoked?    

Other than the above, are there facts or circumstances that would call into question the supervision, guidance and respect of coworkers?    

**If you answered “yes” to any question please explain.** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The information contained in this application is true and correct to the best of my knowledge. I authorize you and any interested party to verify any information I have provided in this application. I authorize the Homeownership Center, employees and agents to seek information from any relevant source including but not limited to present and former employers, educational and training institutions, social security administration, criminal courts and state and county repositories of criminal records, department of motor vehicles or child protective services. I authorize my present employer and any previous employers, past and present fellow employees, educational and training institutions and any other persons to furnish information concerning my personal character, habits and employment records to the Homeownership Center employees and agents. I hereby release and agree to hold harmless from liability any person or organization that provides information. I also agree to hold harmless the Homeownership Center employees and agents from any and all liability with respect to the use and or disclosure of information gathered as part of this background check. **I understand that any volunteer position or offer of a volunteer position is dependent on results of a background check.** I further understand that I have no right to a volunteer position and that my position as a volunteer may be terminated immediately without cause and without notice at the sole discretion of the Homeownership Center employees and agents.

---

Signature \_\_\_\_\_ Date \_\_\_\_\_ Witness \_\_\_\_\_

**Homeownership Center Northwest would like to thank you for your expressed interest in volunteering. We look forward to working with you and hope this will be a great experience.**