

The sky's the limit



Friends helping friends since 2002  
www.allaboardwa.org  
(425) 327-5533

Your Volunteer Application with All Aboard of America 1 will remain on file for at least one year. You will also be required to undergo a complete background check at All Aboard's cost and may be required to test for illegal substances at random. We do this for the safety of our participants, staff, and volunteers.

### Volunteer Application (*please print legibly*)

#### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

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

Would you like to receive our monthly newsletter? YES NO  
  Social Security No.: \_\_\_\_\_

Do you have experience working with the I/DD population? please explain:  
\_\_\_\_\_

What is your availability?  
Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

- Which programs are you interested in? (Check all that apply)
- All Aboard (classes go from 9:00am – 3:30pm on weekdays at the center in Everett, including; art, karaoke, science, board games, and more)
  - Bowling (every Tuesday from 9:30am-12:00pm at Bowlero Lynnwood)
  - Spin Dance (the third Tuesday of each month from 7:00pm-8:30pm at Forest Park in Everett)

What are your areas of expertise? Please list relevant experience, skills, or passions.  
\_\_\_\_\_  
\_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**Criminal Background**

*(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)*

*I, \_\_\_\_\_, hereby authorize ALL ABOARD OF AMERICA 1 to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand All Aboard of America 1 may utilize an outside firm or firms or governmental agencies to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of All Aboard of America 1's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Certification**

***I certify that my answers are true and complete to the best of my knowledge.***

***If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_