



## Operation Healthy Family Volunteer Application

1. Name of Non-profit <b>Operation Healthy Family</b>						
2. Position for which you are applying				3. Date		
4. Your Name			5. Are you 14 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		6. Social Security Number	
7. Your Home Address				8. Telephone Number		
9. Days and hours you are willing to work				10. Expected Salary		
11. Do you have <b>documentation</b> of:						
Prevention of exposure to blood and body fluids training?				YES	NO	
Tuberculosis test or treatment within the last 12 months?				<input type="checkbox"/>	<input type="checkbox"/>	
Current first aid training?				<input type="checkbox"/>	<input type="checkbox"/>	
Current Child and Adult Cardiopulmonary Resuscitation (CPR) training?				<input type="checkbox"/>	<input type="checkbox"/>	
Current Infant Cardiopulmonary Resuscitation (CPR) training?				<input type="checkbox"/>	<input type="checkbox"/>	
Washington Food Worker card?				<input type="checkbox"/>	<input type="checkbox"/>	
12. Education:						
High school graduate or General Education Development (GED) test passed?				YES	NO	
Early childhood education course work in high school?				<input type="checkbox"/>	<input type="checkbox"/>	
Post high school training (college, business school, military, etc.)?				<input type="checkbox"/>	<input type="checkbox"/>	
Name and Location of Education		Dates Attended	Credits Earned	Did you Graduate?	Degree/Date	Major/Subject
13. Conferences/workshops you have attended related to job duties:						
Title of Conference/Workshop			Clock Hours	Trainer or Sponsor		
14. Training and Special Skills						
15. Courses in Early Education						

16. Employment history (start with current or most recent employer, include volunteer experience):				
Employed by:	Telephone #:			From Mo/Yr:
Address	City	State	Zip code	To Mo/Yr
Duties/Responsibilities				Total time employed
Reason for Leaving				Hour Per Week Last Salary
Employed by:				Supervisor's Name
Telephone #:				From Mo/Yr:
Address	City	State	Zip code	To Mo/Yr
Duties/Responsibilities				Total time employed
Reason for Leaving				Hour Per Week Last Salary
Employed by:				Supervisor's Name
Telephone #:				From Mo/Yr :
Address	City	State	Zip code	To Mo/Yr
Duties/Responsibilities				Total time employed
Reason for Leaving				Hour Per Week Last Salary
Employed by:				Supervisor's Name

*If more space is needed to write your employment history, attach another sheet of paper or your resume.*

17. May we contact your present employer?    Yes  No

18. References

Name	Address	Telephone Number

19. I certify that the above is true and correct to the best of my knowledge. I understand that untruthful or misleading answers are cause for rejection of my application or dismissal if employed. I authorize an investigation of statements contained in this application which will allow the employer to make an employment decision.

Your Signature

Date

Thank you for applying to volunteer at Operation Healthy Family. Please email completed applications to [tommy@ohfspokane.org](mailto:tommy@ohfspokane.org).