

VOLUNTEER APPLICATION

The Medical Equipment Bank, Thurston, Mason and Lewis Counties PO Box 7624, Olympia, WA 98507, 360-456-8810, https://medicalequipmentbank.org

(Note: Medical Equipment Bank is not a government agency or a facilitated with Senior Services for South Sound)

Name (first, middle initial, last) (Please Print):			Birthdate (mm/dd/yyyy):		y):	Date:		
Preferred Name (if different from above):	Personal Pronouns:	Phone:	1	Email:				
Street Address, City, State, Zip Code:		Mailing A	Address:					
	References							
Please List Two to Thr	ee Names and Numbers That We	May Contac	t (non-rel	ated)				
Name:				Phone:		Relationship:		
Name:				Phone:		Relationship:		
Name:				Phone:		Relationship:		
	Past Work History							
Organization:		Sup	pervisor:		Phor	ne:		
Organization:		Sup	Supervisor:			Phone:		
	Days Available to Wo	rk		,				
Depending on what days we will be opened			g to wor	k?				
Tuesday Hours 10:30 – 2:30								
	Skills/Experience							
	Acceribe Vour Computer	Ckille						
Databases/Programs:	escribe Your Computer	SKIIIS						
Why do you want to	volunteer at The Medica	l Equipme	ant Ran	₩ (MER)2				
willy do you want to	volunteer at The Medica	Lquipiii	ent Dan	ik (IVILD):				

Thurston County Council on Aging is a non-profit, 501(c)(3) charitable organization. Programs include The Senior News and Medical Equipment Bank. Tax, EIN 91-0821977, UBI 601 138, 296

Name (first, middle initial, last) (Please Print):		Date:					
How did you hear about	volunteering at The Med	ical Equipment Bank (MEB):						
The MEB Website	Our Facebook Page	MEB Volunteer/Staff	Family Member					
Flyer	Senior News	Other (please explain)						
Acceptance as a Medical Equipment Bank Volunteer Requires the Following Commentments:								
1. Committing to one and up to three 4-hour shifts each week								
2. Attending all staff meetings and training when needed								
3. Submitting to a Washington State Patrol background check when asked								
4. Abiding by all MEB policies and procedures								
5. Parental consent required for teen/youths (15-18 years of age)								
Parent Signature (for 15 – 18 yea	ars of age):		Date:					
Application Signature:			Date:					
Application Signature.			Date.					
	Emer	gency Contact						
Name:			Phone:					
Name:			Phone:					
Name:			Phone:					
	Offi	ce Use Only						