

YVFWC APPLICATION

For use by all Student Intern/Externs, Observation/Shadowing, NCAC Program Participants, Resident Provider, SafeHaven Volunteers, and YVFWC Volunteers serving in Washington or Oregon. Please return to Human Resources Department: 307 South 12th Ave. Suite 4B, Yakima, WA 98902, Phone (509) 469-1784, Fax (509)453-2363, Email: elaineb@yvwfc.org

PLEASE PRINT OR TYPE

PERSONAL INFORMATION					
Last Name		First Name		MI	
Address	City				
	State		Zip		
Phone	Cell Phone				
Email					

TYPE OF PLACEMENT REQUESTED Please check the appropriate placement type below.						
<input type="checkbox"/> Extern / Internship		<input type="checkbox"/> Clinical observation /Shadow		<input type="checkbox"/> High School Shadow		
<input type="checkbox"/> NCAC WIA / CJ Placement		<input type="checkbox"/> Safe Haven		<input type="checkbox"/> Volunteer Provider		
<input type="checkbox"/> NCAC UNPAID Placement		<input type="checkbox"/> YVFWC Volunteer				
<input type="checkbox"/> Resident Rotation						
<input type="checkbox"/> Dental <input type="checkbox"/> MD <input type="checkbox"/> DO						
Residency Specialty or Position Requested			Month/Year residency will be complete			
Reason for Placement Request						
Location Requested			Total Hours Needed			
Requested Start Date			Requested End Date			
Availability	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed	<input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon	Prefer to work with	<input type="checkbox"/> Adults <input type="checkbox"/> Children <input type="checkbox"/> Families	<input type="checkbox"/> One-on-one <input type="checkbox"/> YVFWC Staff <input type="checkbox"/> No Preference

EDUCATION			
<i>Please list the school, university or program name under which you are applying for placement.</i>			
School/Program Name			
Certificate, Degree or Program Name			
Program Contact Name			
Contact Email		Contact Phone	
<i>List your current or highest level of education completed.</i>			
HS School Name		Location	
Years Completed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Diploma or GED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Name		Location	
Years Completed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Degree Completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degrees Received			

SKILLS		
License/ Registration #s	State	Expiration Date
Are you fluent in any languages other than English? If so, please list.		
Please list other skills or interests relevant to the placement requested. (Clerical, computer, counseling etc.)		

EMERGENCY CONTACT			
Name		Relationship	
Address		Phone	
Special Instructions (if any)		Alternative Phone	

REFERENCES			
Name	Relationship/Company	Phone	Email

CRIMINAL HISTORY RECORD							
Have you been convicted of a felony or misdemeanor within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If so, please explain:							
Request for Criminal History Record (RCW 10.97) (ORS 181.555 and ORS 181.560)							
All information is required. Failure to complete information may affect results of inquiry.							
Alias/Maiden Name							
Date of Birth		Social Sec.		Gender		Race	
Current mailing address							

DISCLAIMER AND SIGNATURE Please read carefully and sign below.	
Review your application carefully to ensure you have answered each question.	
<ul style="list-style-type: none"> • I grant permission to YVFWC to verify and obtain information on my employment, school records and license/certification. I hereby release my employers, schools, personal references, and any agencies contacted from any and all liability of damages for providing the information requested. • Further, I certify that the above information is true and correct to the best of my knowledge. I understand that misrepresentation or omission of facts is cause for termination or rejection by YVFWC. • Placement is contingent upon a satisfactory Criminal History Report from the State Patrol and satisfactory references. • I understand that this application does not create a contract of employment. Voluntary placement at YVFWC is at-will and can be terminated at any time at the option of either the agency or myself. 	
Signature	Date

IF UNDER 18 YEARS OLD, PARENT / GUARDIAN SIGNATURE REQUIRED	
I, the undersigned, give consent for my child to serve in a volunteer capacity for the corporation for Yakima Valley Farm Workers Clinic (YVFWC). I assume all risks and hazards associated with my child's volunteer service and I understand volunteers are <u>not</u> considered employees of the corporation. Furthermore, I understand that my child will be required to abide by all policies, procedures, and regulations that affect him/her as a volunteer.	
Signature	Date