



# VOLUNTEER

PHONE (        ) \_\_\_\_\_

Please Print

Name	Birthdate	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address	PO Box	Apt/Ste	
City	State	Zip	
Marital Status			
Training & Education		Social Security #	
Career	Retired <input type="checkbox"/>	Employed <input type="checkbox"/>	
Interests, skills, hobbies			
Language(s) spoken or understood			

Ethnic Origin (Optional)  Caucasian  Black  Native American  Hispanic  Asian  Pacific Islander

I am over 18 yrs. \_\_\_\_ I am under 18 yrs. \_\_\_\_

Are you presently volunteering? \_\_\_\_\_ How many hours? \_\_\_\_\_ How many days or hours would you have available to OPERATION LOOKOUT? \_\_\_\_\_ What days and hours of the day do you prefer? \_\_\_\_\_

What day are you available to start? \_\_\_\_\_

How did you hear about OPERATION LOOKOUT®? \_\_\_\_\_

Please check one or more of the activities listed below which indicates your particular area of interest or expertise.

- |  |  |
|--|--|
| <input type="checkbox"/> Soliciting donated Goods and Services | <input type="checkbox"/> Financial/Bookkeeping                         |
| <input type="checkbox"/> Promotions/Marketing                  | <input type="checkbox"/> Peer Counseling                               |
| <input type="checkbox"/> Thrift Shop                           | <input type="checkbox"/> Clerical/Filing                               |
| <input type="checkbox"/> Mailing/Labeling                      | <input type="checkbox"/> Computer/Data Entry/Typing/Desktop publishing |
| <input type="checkbox"/> Writing                               | <input type="checkbox"/> Reception                                     |
| <input type="checkbox"/> Editing                               | <input type="checkbox"/> Fund raising                                  |
| <input type="checkbox"/> Newsletters                           | <input type="checkbox"/> Special Event Coordination                    |
| <input type="checkbox"/> Host/Hostess                          | <input type="checkbox"/> Auction Chairperson or Committee Member       |
| <input type="checkbox"/> Investigations/Law Enforcement*       | <input type="checkbox"/> Poster Duplication & Distribution             |
| <input type="checkbox"/> Social Services*                      | <input type="checkbox"/> Investments                                   |
| <input type="checkbox"/> Board of Directors                    | <input type="checkbox"/> Wills/Planned Giving                          |
| <input type="checkbox"/> Display Ad Space (Donate)             | <input type="checkbox"/> Website                                       |
| <input type="checkbox"/> Other _____                           |  |

\* To be a part of our casework team, one must have previous experience in the same or a similar field. If you do and you are able to work in our Everett, WA. Office, please include a letter or resume about your interests and history.

**Please complete these forms and return to:**  
6320 Evergreen Way Suite 201  
Everett, WA 98203

(425) 771-SEEK (7335) • 1-800-782-SEEK (7335)

Sent \_\_\_/\_\_\_ Rcv'd \_\_\_/\_\_\_ Aprv'd \_\_\_ Background Check \$ \_\_\_\_\_ WEBSITE: [operationlookout.org](http://operationlookout.org) EMAIL: [lookoutfyi@operationlookout.org](mailto:lookoutfyi@operationlookout.org)

Federally Tax Exempt Nonprofit 501(C)(3) Charity Organization • 91-1298249

*"Every Missing Child Deserves the Chance to be FOUND."*

# REFERENCES

**OPERATION LOOKOUT® National Center for Missing Youth** is eager to receive your volunteer application. You may have a skill or service to match our current need. If so, we will promptly process your application/ references and contact you either by letter or phone. If however, your volunteer services will be needed at a later date, processing may be delayed until that time.

<b>Business or Org. Name</b>		
Name	Position or Title	
Address	St	Zip
Phone		

<b>Business or Org. Name</b>		
Name	Position or Title	
Address	St	Zip
Phone		

<b>Business or Org. Name</b>		
Name	Position or Title	
Address	St	Zip
Phone		

<b>Personal Friend</b>		
Name	Position or Title	
Address	St	Zip
Phone		

<b>Personal Friend</b>		
Name	Position or Title	
Address	St	Zip
Phone		

Please complete and return this form to: OPERATION LOOKOUT® National Center for Missing Youth