



Volunteer Application

I. CONTACT INFORMATION

- Mr.
 Mrs. Name (first): _____ (middle): _____ (last): _____
 Ms. *(Middle name not initial)*

Nickname: _____ Home Address: _____

City: _____ State: _____ Zip: _____

Phone (cell): _____ (home): _____ (business): _____

Personal Email Address: _____ Preferred Email

Work/School Email Address: _____ Preferred Email

Birth Date: _____ Employer/School: _____ Occupation: _____

If you are volunteering through a group, agency, church or business, please list it here:

How did you first hear about us? (Please check one, main referral source)

- | | |
|--|---|
| <input type="checkbox"/> VOA Website | <input type="checkbox"/> VOA Staff Member: _____ |
| <input type="checkbox"/> Volunteer Match | <input type="checkbox"/> Another Volunteer: _____ |
| <input type="checkbox"/> Hands On Portland | <input type="checkbox"/> Another Business / Agency: _____ |
| <input type="checkbox"/> Courts | <input type="checkbox"/> School: _____ |
| <input type="checkbox"/> VOA Client | <input type="checkbox"/> Other: _____ |

II. PLACEMENT

What interests you about volunteering with us? (Check all that apply)

- Making new friends Learning new skills Gaining experience for work/school
 Giving back to the community Other: _____

Is your volunteer service: School related Court-mandated Personal interest

If you are required to volunteer a certain number of hours, how many? _____ When? _____

Which program(s) are you interested in? (Check all that apply)

Children

- After School Program
- Family Relief Nursery
- Gateway Drop-in
- My Little Waiting Room Drop-in
 - Providence in SE
 - St. Vincent

Seniors

- Lambert House
- Marie Smith Center

Addiction, Reentry and Mental Health

- Family Recovery Support
- InAct
- Men's Residential Center
- Women's Residential Center
- Moving Forward

Domestic Violence Support

- Home Free

Organizational Support

- Development
- Vehicle Donations
- Accounting
- Volunteer Services

Other: _____

When are you available? The majority of our programs need assistance Monday through Friday 9:00-6:00.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours per week can you volunteer? _____

Are you interested in hearing about event volunteering (see examples below)? Yes No

Several times a year we have events needing volunteers. Examples include fundraising events, alumni and holiday celebrations for our program participants, gardening and other grounds work, community nights at our low-income housing family programs and more.

Checking “yes” does not commit you in any way. It simply tells us you would like to know when these opportunities become available. These events are fun to do with family and friends as well.

Do you have any special skills you would like to contribute? (Please indicate all that apply and indicate type)

Multilingual _____ **Multicultural** _____

Degrees/Certifications _____

Experience _____

Other _____

Do you require any specific accommodations? _____

III. EMERGENCY CONTACT

Emergency Contact Name: _____ **Relationship:** _____

Email: _____ **Phone:** _____

IV. COMMUNICATIONS

What is your level of interest in receiving agency communications? *Information provided on this application is entered into our database and will be used for periodic agency communication unless you opt out below. Regardless of your response below, we will communicate with you about your volunteer application and experience.*

I don't wish to receive mail (i.e. VOA newsletter) I don't wish to receive emails (i.e. program updates)

V. AGREEMENT

I certify that I have and will provide information throughout the volunteer selection process, including on this application and in interviews with Volunteers of America Oregon that is true, correct and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Volunteers of America Oregon or my termination as a volunteer.

I understand that information contained on my application will be verified by Volunteers of America Oregon and that appointment to a volunteer position may be contingent on the completion and review of a criminal history background check. I understand that only Volunteers of America Human Resources staff will have access to the specific results of my criminal background check.

I further authorize all persons, schools, companies, organizations, credit bureaus, and law enforcement agencies to supply all information concerning my background and to furnish reports thereon. I hereby release them and any organization affiliated with Volunteers of America Oregon from any and all liability and responsibility arising from their doing so.

I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I understand that if placed I will be working with Volunteers of America Oregon personnel as a volunteer of my own volition, without compulsion or directions from the agency. Therefore, by execution of this agreement, which I hereby acknowledge that I have read and fully understood, I agree to hold Volunteers of America Oregon harmless to the extent allowed by law, and I waive, forego and otherwise agree not to hold the agency responsible for any loss, damage or injury which I may incur as a result of my volunteer work on behalf of the agency. I further agree to hold harmless to the extent allowed by law, defend and indemnify the Volunteers of America Oregon from any claims that are brought against them by any third parties that arise in any way, directly or indirectly, as a result of my volunteer work.

Signature: _____ **Date:** _____
(A legal guardian must sign for minors)

I understand that checking this box constitutes a legal signature equivalent to a handwritten signature.

VI DEMOGRAPHICS

As a step towards including volunteers in meeting VOA's cultural competency goals, we appreciate you completing the following section. The completion of this section of the application is strictly voluntary and the completion or non-completion will not affect your volunteer work with Volunteers of America Oregon. This information will be used for reporting purposes only.

Race/Ethnicity:

Please check one of the descriptions below corresponding to the ethnic group you identify with.

- Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Asian (Not Hispanic or Latino) A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) All persons who identify with more than one of the above five races.
- None of the above.

Veteran Status:

- Special Disabled Veteran
- Vietnam--Era Veteran
- Other Protected Veteran
- Recently Separated Veteran



Volunteer Criminal History FCRA Disclosure

In connection with your volunteer application, please be advised that we will obtain a criminal history report, in accordance with the Federal Fair Credit Reporting Act (FCRA), to be used in determining your fit for our volunteer opportunities. This criminal History report is considered a “consumer report” under the FCRA and will be obtained from a “consumer reporting agency” as defined in the FCRA.

A consumer reporting agency is any person, which, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others, such as Volunteers of America Oregon.

A consumer report means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment or volunteer purposes.

We will also run your name through the federal exclusion list with Office of the Inspector General (OIG). As a recipient of federal funds and a participant in the federal Medicaid system, VOAOR is required to run all staff, contractors and volunteers through the national database upon hire/service and monthly thereafter.



Volunteer Criminal History Authorization Form

I hereby authorize Volunteers of America Oregon to perform a monthly OIG exclusion list review and to obtain a criminal history report about me from a consumer reporting agency and to consider this information when making decisions regarding my suitability for volunteer service at Volunteers of America Oregon. I understand that I have rights under the Fair Credit Reporting Act (FCRA), including the rights discussed in the FCRA Disclosure provided to me. This report may be delivered in either written or electronic form.

I understand that information collected during this background check will be limited to what is needed to determine my suitability for volunteer service and that all information collected during the check will be kept confidential. In the event that information from a criminal background check is utilized in whole or in part to disqualify me from volunteer service, I can request that Volunteers of America Oregon provide me with a copy of the report based on my rights under the FCRA.

I understand that if my name results in a soft match (i.e. same name) to a name listed on the federal exclusion list, I may be required to provide VOAOR with my social security number in order to negate the soft match.

By signing below, I give my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer position and other information that they deem appropriate.

This Authorization will continue in effect during any period of volunteer service until such volunteer service terminates.

Last Name: _____ First: _____ Middle: _____
(Middle name not initial)

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Email: _____

Signature: _____ Date: _____

I understand that checking this box constitutes a legal signature equivalent to a handwritten signature.

.....
For Office Use:

I have verified that the above information matches the applicant's photo ID: _____
VOA Staff Name

Type of ID checked: Driver's License or State ID Passport Other: _____



Confidentiality Agreement

The protection of information is vital to the interests of Volunteers of America Oregon. I,

_____, understand that in the course of my volunteer activities
(please print your name)

with Volunteers of America Oregon I may have access to and become acquainted with information of a confidential, propriety or secret nature that is or may be applicable or related to the present or future business of Volunteers of America Oregon, its research and development, or the business of its clients. Such information includes, but is not limited to the following:

- Identifying and other information about clients, former clients, or persons seeking services, including names, personal information or other program information;
- Compensation, other confidential personnel information of staff or volunteers;
- Financial information, vendor or donor information, contribution lists, and other information; and
- Marketing strategies and data, new material research, pending projects and proposals, research and development strategies, materials, products, designs, plans, ideas, and data of the organization.

I agree not to disclose any of the above-mentioned information or other organizational information directly or indirectly, and agree not to violate the spirit or intent of this provision. It is a violation of Volunteers of America's policy for any volunteer or staff member to divulge organizational information to any person or persons other than appropriate Volunteers of America Oregon staff members or its designates.

I understand that a breach of confidentiality or disclosure of organizational information may be cause for dismissal from my position as a volunteer with Volunteers of America Oregon.

Volunteer's Signature: _____ Date: _____

I understand that checking this box constitutes a legal signature equivalent to a handwritten signature.



Photo / Video Waiver (*please fill out completely)

I, _____, hereby grant to Volunteers of America Oregon the right to use any of the
(please print your name)
following collateral materials for inclusion in any and all marketing and promotional materials such as newsletters, brochures, annual reports, direct mail, websites, press releases, etc.:

Collateral material: Video footage, photographs on still or motion picture film of myself and/or family members, my name and/or the name of my family members and any and all quotes or interview comments.

(Name of family members, if applicable)

I understand that this signed consent gives Volunteers of America Oregon permission to use the above mentioned collateral associated with me and any of my family members included in the collateral material in any way they choose for purposes of marketing and general agency promotion.

I hereby release Volunteers of America Oregon from any claims, present or future, arising from the use of the above-mentioned collateral materials.

I do not wish to give Volunteers of America Oregon the right to use video footage, audio footage, photographs of myself and/or my child(ren). (**Note: This status can be changed at any time, by filling out a new form).

Signed _____
Date

I understand that checking this box constitutes a legal signature equivalent to a handwritten signature.

Guardian Signature *(if under 18)* _____ _____
Guardian Printed Name *(if under 18)* Date

.....
For Office Use:

Interviewer/photographer _____ / _____
Program involved _____
Initial purpose of story _____
Date of proposed initial publication _____



Receipt of Volunteer Handbook

I, _____, acknowledge that I have received, read, and understood
(Printed name of volunteer)
the Volunteers of America Oregon Volunteer Handbook and am fully aware of my rights and responsibilities
as a volunteer.

Volunteer Signature

Date

I understand that checking this box constitutes a legal signature equivalent to a handwritten signature.

Site Orientation Checklist

(To be completed by volunteer supervisor)

Screening & Placement:

- Placement Interview
- Request Background Check (*ID checked by program at interview*)

Program Orientation:

- Program Overview – clients, staff, mission, services
- Tour – coat room, break room, restroom, parking, work space
- Health & Safety – fire extinguisher, evacuation route, first aid kit
- Site-Specific Paperwork & Procedures
- Reporting – hours, contact information, availability

Position Orientation:

- Position Description (forward to Volunteer Services; not required for interns)
- Position-Specific Orientation – equipment, supplies, skills
- Supervision / Support Overview – contact & back-up contact