# S:\Stationary\Logo.jpeg.JPGVolunteer Application

**VOLUNTEER INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:  |       | Birthdate\*: |       |

|  |  |  |
| --- | --- | --- |
| Phone: |       | Select One: [ ]  Cell [ ]  Home [ ]  Business |

|  |  |
| --- | --- |
| Email: |       |

|  |  |
| --- | --- |
| Address: |       |

|  |  |
| --- | --- |
| City, State and Zip: |       |

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| --- | --- | --- |
| Employer: |       | [ ]  My employer will match volunteer hours  |

\* Birthdate is requested in order to expedite our annual background checking process. If you are under 18, please note that an underage waiver must be signed by your parent or guardian prior to volunteering.

**POSITION INTEREST**

Is there a specific program or position that you are applying for?

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If not, what kind of volunteer activities are you interested in? Please check all that apply.

[ ]  Wherever I’m needed most

[ ]  Helping seniors fill out paperwork

[ ]  Community outreach and advocacy

[ ]  Escorting seniors to appointments

[ ]  Construction/maintenance

[ ]  Helping prepare mailings

[ ]  Social media, blogs, internet/computer support

[ ]  Special events and one-time opportunities

[ ]  Administrative support and data entry

[ ]  Pickup and delivery

[ ]  Resource development and fundraising

[ ]  Translation/interpretation; Languages: \_\_\_\_\_\_\_\_

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to a vehicle that you would be willing to use while volunteering? [ ]  Yes [ ]  No

If yes, please specify: [ ]  Car [ ]  Truck [ ]  SUV [ ]  Van [ ]  Other

What are you looking for in a volunteer/intern experience?

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| --- |
|       |

Why would you like to volunteer with Northwest Pilot Project?

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| --- |
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When are you available to volunteer? (Check all that apply):

[ ]  Mornings

[ ]  Afternoons

[ ]  Weekdays

[ ]  Weekends

[ ]  Evenings

If availability is not included, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you volunteered before? If so, please briefly describe your previous experience:

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What are some skills or experience that you would like to contribute and/or gain?

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Please describe your experience working with people living on low incomes from diverse backgrounds (this may include race, culture, sexual orientation, socioeconomic, age, etc.):

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| --- |
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**REFERENCES**\*

References are contacted to help determine appropriate and rewarding volunteer positions, and in any case where a volunteer is working with vulnerable adults. Work, volunteer, school or personal references (excluding family members or spouse/partners) are acceptable.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Relationship: |       |
| Email: |       | Phone: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Relationship: |       |
| Email: |       | Phone: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Relationship: |       |
| Email: |       | Phone: |       |

**EMERGENCY CONTACT**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Phone: |       |

**AUTHORIZATION (required)**

I certify that the answers given in this application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended, to be a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with Northwest Pilot Project (NWPP).

**CONFIDENTIALITY AGREEMENT (required)**

I understand and agree that in the performance of my duties as an employee or volunteer of Northwest Pilot Project, I must hold certain information regarding clients, employees and volunteers in the strictest confidence.

Further, I understand that confidentiality is protected by Federal law (42CF R Part II and Uniform Health Care Information Act) and that any intentional or involuntary violation of the confidentiality with regard to clients, employees and/or volunteers may result in disciplinary action including suspension and/or termination.

**LIABILITY RELEASE (required)**

I hereby release, indemnify and hold harmless Northwest Pilot Project, its officers, directors and employees, and the organizers, sponsors and supervisors of all Northwest Pilot Project activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with Northwest Pilot Project.

**MEDIA RELEASE (optional)**

In signing below, I agree to be photographed, videotaped and/or recorded by Northwest Pilot Project while participating in the volunteering with Northwest Pilot Project. I understand that Northwest Pilot Project will own rights to and may use this media (photographs, videotape, recordings and/or my statements), in whole or part, in Northwest Pilot Project materials such as printed publications, website ([www.nwpilotproject.org](http://www.nwpilotproject.org)), videos, social media, grant proposals and promotional materials to support Northwest Pilot Project and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos and/or story to be used, I agree to notify my volunteer supervisor. Once requested, Northwest Pilot Project will not create new materials using participants’ media – but we may continue to use already printed materials until we can make replacements.

      (Initial) **Authorization**

      (Initial) **Confidentiality Agreement**

      (Initial) **Liability Release**

      (Initial) **Media Release**

|  |  |  |  |
| --- | --- | --- | --- |
| Volunteer signature: |  | Date: |  |

\*Northwest Pilot Project keeps intake information confidential and does not share personal information with any outside entities. Your contact information is used only to keep you updated on Northwest Pilot Project’s activities and partnership opportunities. If you have any questions, please contact our office at 503-227-5605.

**APPLICANT DATA SUPPLEMENT (Optional)**

This optional set of questions helps Northwest Pilot Project track various data. The information requested is voluntary; you are not required to provide it. Responses to these questions will be removed from your application packet prior to distribution for screening and selection. Thank you!

|  |  |  |
| --- | --- | --- |
| Sex/Gender Identity: [ ]  Male [ ]  Female [ ]  Other:        |  |  |

**ETHNIC/RACIAL BACKGROUND**

If you are a person with a multi-racial or multi-cultural background, please check all appropriate boxes.

[ ]  American Indian or Alaska Native [ ]  Asian [ ]  Black or African American [ ]  African

[ ]  Caucasian [ ]  Hispanic or Latino [ ]  Native Hawaiian or Pacific Islander [ ]  Two or More Races

[ ]  Other:

**OTHER INFORMATION**

Are you a veteran? [ ]  YES [ ]  NOAre you living with a disability? [ ]  YES [ ]  NO

If yes to a disability, do you have the ability, with or without reasonable accommodation, to perform the essential function of the position for which you are applying? And if "no," please explain:

|  |
| --- |
|       |

How did you learn about this opportunity? (Check all that apply)

[ ]  Friend or Relative [ ]  Event/Fair [ ]  Newspaper Advertisement [ ]  NWPP Employee

[ ]  NWPP Website [ ]  Other:

Do you have relative(s) and or friend(s) employed by Northwest Pilot Project? If yes, please specify:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Relationship: |       |
| Job Title: |       | Location: |       |

**Please send or email your completed application to:**

Northwest Pilot Project, attn. Volunteer Program

1430 SW Broadway, Portland, OR 97201 or **lindseyl@nwpilotproject.org**

PHONE: **503-227-5605** FAX: **503-274-8559**

**FOR VOLUNTEERS UNDER 18 YEARS OF AGE**, all parents or guardians must **(1)** complete the signature section below and **(2)** sign the Parental Authorization for Treatment of and Travel with a Minor Child (“Parental Authorization”) on the following page.

If only one parent or guardian signs these forms on behalf of a minor Volunteer, then the undersigned parent or guardian of the minor Volunteer hereby covenants, warrants, represents and agrees that he or she is executing these forms on behalf of, and as an agent for, any other individual who may be a parent or guardian of the minor Volunteer, that he/she is fully authorized to do so, and that by executing such Release and Parental Authorization, the undersigned is binding himself/herself, the Volunteer and any other parent or guardian of the Volunteer, and all of their heirs, next of kin, assigns and legal representatives to such Release and Parental Authorization.

Minor Volunteer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN SIGNING ON BEHALF OF THE ABOVE MINOR:** I have carefully considered my decision, the benefits and risks involved and hereby give my informed consent, on behalf of the above-listed minor child, for him/her to participate in all Activities as set forth in the above Volunteer Agreement, Release and Waiver of Liability and such terms are incorporated herein. I have read and understand the above Volunteer Agreement, Release and Waiver of Liability, any questions of mine have been answered and I voluntarily agree to all such provisions. It is my intent to bind my and the minor Volunteer’s heirs, next of kin, assigns and legal representatives.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION FOR VOLUNTEER UNDER 18 YEARS OF AGE:**
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTAL AUTHORIZATION FOR TREATMENT OF AND TRAVEL WITH A MINOR CHILD**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian having custody of a child or children who are under 18 years old and who will be volunteering with Northwest Pilot Project. As such parent or legal guardian, I hereby authorize and appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, an adult in whose care the minor child has been entrusted, and any agent appropriate, as my agent to act for me with respect to my minor child(ren) and their personal care, and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child listed below (“Child”).

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I consent to the use of first aid treatment for my child and the use of generic and over-the-counter medications and treatments as directed by manufacturer labels to be administered by Northwest Pilot Project or first aid personnel. In an emergency, I understand my named agent and/or Northwest Pilot Project may try to contact the individual listed below as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the named agent above and any agent or employee of Northwest Pilot Project to act as an agent for me to consent to any examination, testing, x-rays, medical, dental or surgical treatment for my child as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my child’s assessment, evaluation, medical care and treatment, anesthesia, hospitalization or other health care treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize Northwest Pilot Project to arrange for transportation of my child as deemed necessary and appropriate in their discretion. My agent shall have the same access to my child’s medical records that I have and is designated by me to be the child’s Personal Representative under the Health Insurance Portability and Accountability Act (HIPAA), including the right to disclose the contents to others. I authorize health care personnel and health care facilities to rely on this consent form and any health information I have provided to my named agent and/or Northwest Pilot Project regarding my child. I have read and understand the above Parental Authorization for Treatment of and Travel with a Minor Child, any questions of mine have been answered and I voluntarily agree to all such provisions.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_