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

**VOLUNTEER INFORMATION**

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

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

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

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

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

|  |  |  |
| --- | --- | --- |
| 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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| --- |
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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: |  |

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

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| --- | --- | --- | --- |
| 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).

**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.

PLEASE INITIAL AND SIGN

      (Initial) **Authorization**

      (Initial) **Liability Release**

      (Initial) **Media Release**

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| --- | --- | --- | --- |
| 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 503-478-6864.

Volunteer Confidentiality Agreement

This agreement applies to all volunteers associated with and/or involved in the activities or affairs of Northwest Pilot Project, Inc. (“NWPP”). This includes all activity associated with NWPP at its office location and any other location where NWPP provides services.

All data, materials, knowledge and information generated through, originating from, or having to do with NWPP or persons associated with our activities, including contractors, is to be considered privileged and confidential and is not to be disclosed to any third party. All pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, client, staff or public information is confidential and the sole property of NWPP .

This also includes, but is not limited to, any information of, or relating to, our staff, clients, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

Client information, including all file information, is not be disclosed to any third party, under any circumstances, without the consent of the NWPP employee that is supervising you and the Executive Director.

Any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional, may subject you to corrective action and/or possible legal action, according to the procedures set by NWPP and any applicable laws.

**My signature signifies I agree to these terms and will abide by, adhere to and honor all of the above.**

Signature of Volunteer Date

Signature of NWPP employee supervising volunteer Date

\*We will provide you a copy of your signed agreement for reference.

**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 [**heidic@nwpilotproject.org**](mailto:heidic@nwpilotproject.org)

PHONE: **503-478-6864** FAX: **503-274-8559**