



Easterseals Oregon

VOLUNTEER APPLICATION

Easterseals Oregon’s mission is to be the organization that provides exceptional services and resources that make a tangible and positive impact on society. We serve children and adults with disabilities, veterans, mature job seekers, and their families, ensuring all feel included and valued and have equal opportunities to live, learn, work, and play in their communities. Our services would not be possible without the generous participation by volunteers like you. To ensure quality programming and to guard against the high incidence in our society of physical, sexual and psychological abuse, all volunteers are required to complete this application. Your permission is also required to allow verification of all information given. Thank you for your cooperation. Easterseals Oregon both needs and appreciates you as a volunteer member of our program services.

Name _____ Date _____

Address _____ City/State/Zip _____

Day Phone _____ Evening Phone _____ Email _____

Driver’s License # _____ State _____ Expiration Date _____

Sponsoring Organization, i.e.: Corporation, School, etc. _____

Organization Contact Person _____ Phone _____

1. I want to volunteer:
 - with a specific program _____ (Program Name)
 - in any capacity needed

2. How did you hear about Easterseals Oregon’s volunteer opportunities? _____

3. Why do you want to volunteer for an Easterseals Program? _____

4. Do you have experience with individuals or groups with special needs? Adults Children
 - Physical Disabilities MS MD Polio CP
 - Traumatic Brain Injury (TBI) Autism Seizures ADHD/ADD
 - Vision Impaired/Blind Hearing Impaired/Deaf Learning Disabilities
 - Speech/Language Emotional Disabilities/Mental Illness
 - Other Please specify _____

5. What type of related work experiences have you had? _____

What volunteer experiences have you had? _____

6. What activities do you most enjoy? Identify specifics.

<ul style="list-style-type: none"> Creative Art <input type="checkbox"/> Crafts <input type="checkbox"/> Music: Sing/Play <input type="checkbox"/> Home Decoration <input type="checkbox"/> Team Sports <input type="checkbox"/> Individual/Dual Sports <input type="checkbox"/> Read/Learn new things <input type="checkbox"/> 	<ul style="list-style-type: none"> Aquatics <input type="checkbox"/> Outdoor activities <input type="checkbox"/> Table/board games <input type="checkbox"/> Cooking <input type="checkbox"/> Cards <input type="checkbox"/> Collections <input type="checkbox"/> Dance/Drama <input type="checkbox"/> 	Other(s): _____ _____ _____
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7. Do you speak any other languages? Yes No
 Language _____ Limited Fair Fluent
 Language _____ Limited Fair Fluent
 Language _____ Limited Fair Fluent
8. Do you have First Aid Training? Yes No Expiration date _____
 CPR Training? Yes No Expiration date _____

REFERENCES Please list 3 references:

_____	_____	_____
Name	Name	Name
_____	_____	_____
Address	Address	Address
_____	_____	_____
Phone _____	Phone _____	Phone _____
Years Known _____	Years Known _____	Years Known _____

SPECIAL CONSIDERATIONS

1. Are there any specific activities you cannot or will not participate in, or are there days you are not available to volunteer? Yes No Be specific _____

GENERAL INFORMATION

ARE YOU 18 YEARS OF AGE OR OLDER? Yes No

Do you have experience in, or have you ever worked in a similar industry or business before? Yes No
 If yes, please explain (including length, position, and industry).

Have you ever been employed or attended school using any other name? Yes No

If yes, please explain: _____

Are you able to perform the primary duties of the volunteer position, with or without reasonable accommodation? Yes No

If no, please explain: _____

Have you ever been CONVICTED, pled GUILTY or NO CONTEST, or FORFEITED BOND OR BAIL for any crime other than traffic violations? (NOTE: Applicants for positions in Washington state should NOT list any conviction for which the date or prison release, whichever is more recent, is more than seven years old.) Yes No

If yes, please explain: _____
 (Conviction of a crime is not an automatic bar to employment or volunteer opportunity. We will consider factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the opportunity for which you have applied.)

Easterseals Oregon
RELEASE FORM

Please read carefully, then initial each paragraph and sign below:

_____ I certify that I have answered the above questions truthfully and have not withheld any information relative to my
initial application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of volunteer relationship.

_____ I understand that consideration for volunteer positions are contingent on the results of a reference and background
initial check (background check if applicable). I authorize Easterseals Oregon to discuss the results of any investigation with all of their employees who are involved in the volunteer recruitment process.

_____ I authorize Easterseals Oregon to thoroughly investigate my references, work record, education and other matters
initial related to my suitability for volunteer/employment, and further authorize the references I have listed to disclose to Easterseals Oregon any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release Easterseals Oregon, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. I understand that I am not authorized to work with clients without supervision until completion of such checks.

_____ I authorize Easterseals Oregon to investigate whether I have a criminal record of convictions, and, if so, the nature
initial of such convictions and all the surrounding circumstances of the conviction. Easterseals Oregon has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from volunteer opportunities.

_____ I recognize the rules and policies of Easterseals Oregon. I understand that volunteer placement can be terminated at
initial any time, with or without cause, and with or without notice, at the option of Easterseals Oregon or myself.

_____ I understand and acknowledge that I may be required to submit to a physical examination, including a drug test.
initial Additionally, I hereby authorize the release of the results of such an examination to Easterseals Oregon for their use in evaluating my suitability for volunteer/employment opportunities. Further, I release the examining facility and Easterseals Oregon from any and all liability, and from any damage that may result from the release of such information.

CONFIDENTIALITY BINDER

Easterseals' programs recognize and insist that all clients', volunteers' and caregivers' rights to confidentiality must be fully protected. Therefore, I hereby agree to keep all medical and personal information regarding program clients and their families or guardians confidential. I will not discuss such information with my family, friends or casual acquaintances or use in written form any identifying information such as name, birth date, distinguishing characteristics or description of the child/participant.

Yes _____ No _____

AGREEMENT

I understand that photos or videos may be taken during the program showing participants and volunteers in their usual activities. These photos and videos will be used by Easterseals Oregon for promotional and/or educational purposes. I give personal permission for photographs or videos.

Yes _____ No _____

Volunteer Signature

Date

Printed Name

Signature of Parent or Guardian, if volunteer is a minor

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VOLUNTEER INFORMATION SHEET

In case there is an emergency while you are volunteering for Easterseals Oregon, please provide the following information.
All information provided is confidential.

NAME:		
ADDRESS:		PHONE(S):
In case of emergency notify:		
<u>NAME</u>	<u>PHONE(S)</u>	<u>RELATIONSHIP</u>
1)		
2)		
3)		
IS THERE ANYTHING OF A MEDICAL OR PERSONAL NATURE WE SHOULD KNOW IN CASE OF AN EMERGENCY?		
KNOWN ALLERGIES:		
IN CASE OF AN EMERGENCY, IS THERE A HOSPITAL YOU PREFER FOR TREATMENT?		
NAME:	LOCATION:	PHONE:
Volunteer Signature		Date
Parent/Guardian Signature, if minor		Date