



NORTHEAST OREGON NETWORK VOLUNTEER APPLICATION:

Volunteer Applicant Information:

Name:		Date:	
Address:		City, State, Zip:	
Phone:		Phone 2:	
Email:		Age:	
Date of Birth:		Social Security Number:	

Medical Information:

Do you have medical conditions that could limit your working capabilities? Yes No

If yes, please provide us with some details: _____

Information about your education: (Please fill in based on your current level of education.)

I have completed: ___ High School ___ Some College ___ College
 ___ Graduate College

If you are a current college student: please list the college that you are attending now:

If applicable, please denote what academic year you are in currently:

_____ Freshman _____ Sophomore _____ Junior _____ Senior

I have completed or am finishing Graduate School: _____

I need volunteer hours for school/college credit: _____ If yes, how many?

If you are a college graduate: Please list the name of the college/university you graduated from and your degree: _____

Please provide a summary of your general experience (work related, college experience, other volunteering, etc.):

Information about your volunteer interests/skills and availability:

Please describe why you are interested in volunteering here at NEON.

Tell us in which areas and programs you are interested in volunteering. **Please rank them on a scale of 0 – 5** (with 0 being not at all interested and 5 being extremely interested):

___ Outreach Activities, including staffing event booths, children activities and giving information to the public.

___ Marketing distribution, including fliers, brochures, etc.

- Creating gift baskets and/or helping collect raffle prizes.
- Research assistance
- Grant writing
- General office assistance
- Volunteer recruitment assistance
- Other? (please list)

Please list your experiences or skills that relate to your preferences:

Please list any volunteer experience:

References:

Please print the contact information of three people we may contact (**excluding relatives and roommates**) who have known you for more than two years. Local references preferred.

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

Volunteer Privacy Information and Release Authorization

Please read the following carefully

Application information

I certify that all information in this application is true and complete.
I understand that any false information or omission may disqualify me from further
Consideration/continuation for volunteer service.

References

I understand that Northeast Oregon Network requires information from me to
evaluate my qualifications for volunteer service.
I authorize and release personal references, employers (past and present), and, if
necessary, other applicable entities to answer questions in regards to volunteer work,
employment, ability, character, medical and emotional background and, if applicable,
driving history.

Background investigation

I understand, in consideration of my application, a background investigation will be
conducted.
I understand this investigation may include, but is not limited to, a criminal background
check in the files of any Federal, state or local justice agency, and/or driving history.
I authorize Northeast Oregon Network to conduct the background investigation.
I understand the requested information is for the sole purpose of gathering accurate
information for volunteer services at Northeast Oregon Network.
I have read and understand the above and by my signature consent to these statements.

Applicant Signature

Date