



Curry Homeless Coalition
PO Box 349
Gold Beach, OR 97444

Volunteer Application

Contact information: Phone: () , Email: _____

Alt phone ()

Address: _____

Birth date: MM/DD/YYYY : _____

Emergency contact: _____ Relationship _____

Address: _____

Phone: () Alt phone: ()

Previous work or volunteer experience: (Please use back if needed.)

Current employer: _____

Address: _____

Phone: () Supervisor _____

Language/s spoken _____

Physical limitations _____

Other organizations where applicant has volunteered: _____

Description of training or experience that may be pertinent to volunteer positions desired:

Statement of and description of prior criminal convictions or offense

Certificates such as first aid/CPR with dates of certification and expiration: _____

Valid Driver's license #: _____ State of issue: _____

References: One or more personal references with contact information; and one or more professional or work-related reference with supervisor's name and contact information:

Skills checklist:

___ Computer use: ___ Expert, ___ Intermediate, ___ Novice

___ Microsoft programs: Word ___, Excel ___, Power point _____

___ Customer service, ___ Case management, ___ Peer support

___ Graphic design, ___ Shelter operations, ___ Emergency food bank

___ Accounting, ___ Planning, ___ Logistics, ___ Emergency response

___ Phone skills, ___ Social media, ___ Technical writing, ___ Training

___ Public speaking, ___ IT/Network support

___ Volunteer areas of interest;

___ Admin duties

___ Job skills training

___ Intake/Assessment

___ Shelter operations support

___ Program development

___ Reason for volunteering? _____

___ How did you hear about the Curry Homeless Coalition? _____

___ Hours and days available: Mon. ___ Tue. ___ Wed. ___ Thur. ___ Fri. ___ Sat. ___ Sun ___

Please list the hours you are available to work on the days chosen above: _____

Signature

Date

