



# VOLUNTEER APPLICATION

Please fill out completely and sign. Return to the Day Center at 5030 SE Hwy 101, or email [fplc.shiana@gmail.com](mailto:fplc.shiana@gmail.com), or give to a committee chair/board member. Mailing Address: PO Box 1146, Gleneden Beach, OR 97388; Day Center/Office: 541-614-0964

Applicant's Legal Name: \_\_\_\_\_ / \_\_\_\_\_  
(last) (middle) (first) (name you go by)

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Reference: (not a family member)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## VOLUNTEER PROFILE

**TRAINING AND SKILLS:** Highest Level of High School: \_\_\_\_\_ Highest Level of College: \_\_\_\_\_

Other Vocational/Technical/Professional Training: \_\_\_\_\_

Special Interests/Hobbies: \_\_\_\_\_

Skills: Computer \_\_\_\_\_ Signing \_\_\_\_\_ Foreign Language \_\_\_\_\_ Which Language \_\_\_\_\_

Financial \_\_\_\_\_ Teaching \_\_\_\_\_ Coaching \_\_\_\_\_ Other: \_\_\_\_\_

### How did you learn about Volunteer Opportunities with FPLC?

Friend/Family (name): \_\_\_\_\_ Event (which): \_\_\_\_\_

Congregation (name): \_\_\_\_\_ FPLC Website/Facebook: \_\_\_\_\_

Another Organization (which): \_\_\_\_\_ Other: \_\_\_\_\_

### AVAILABILITY:

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

Frequency: Regularly \_\_\_\_\_ Occassionally \_\_\_\_\_ Specifics: \_\_\_\_\_

(PLEASE COMPLETE PAGE 2)

Applicant's Name: \_\_\_\_\_  
(last) (middle) (first)

**What type of Volunteer Service are you interested in?** (Check all that apply)

Working with: Children\_\_\_\_ Adults\_\_\_\_ Families\_\_\_\_ Teaching\_\_\_\_ Public Relations\_\_\_\_ Food\_\_\_\_

Office/Clerical\_\_\_\_ Telephone\_\_\_\_ Donations\_\_\_\_ Fundraising\_\_\_\_ Events\_\_\_\_ Logistics\_\_\_\_

Van Driver\_\_\_\_ Odd Jobs\_\_\_\_ Committee\_\_\_\_ Board\_\_\_\_ Transportation\_\_\_\_

**How do you prefer to work?:** Independently\_\_\_\_ With one or two others\_\_\_\_ In a group\_\_\_\_  
No preference\_\_\_\_

Is there any other information you would like to share with us that will help in selecting an appropriate volunteer position (ex. "would not like to be on my feet the whole time", etc...):

\_\_\_\_\_  
\_\_\_\_\_

How do you hope to benefit from your volunteer experience?:

\_\_\_\_\_  
\_\_\_\_\_

**Confidentiality Agreement**

I, \_\_\_\_\_, acknowledge that during my work with Family Promise of Lincoln County, I will have access to and learn facts about individuals that are staying in the program. All information pertaining to these guests, including but not limited to, name, SSN, race, monetary status, marital status, and all information pertaining to any children in the program must be kept highly confidential. By signing this agreement I understand and agree not to discuss or disclose any information pertaining to persons staying within the care of Family Promise of Lincoln County, now or in the future.

I hereby agree and recognize my responsibility to hold all information in confidence pertaining to guests in the Network Program.

**THANK YOU** for completing and returning this application. All of the information on this form is considered confidential. Please read and sign the following statement before returning the application.

I, making this application for volunteer service to Family Promise of Lincoln County (FPLC), express my understanding that all associates of FPLC, **volunteer and employed**, are bound by the regulations, policies, procedures, and laws that govern FPLC. I certify that all information provided on this application is true and complete. I give my permission to FPLC staff to contact my listed references and the organizations listed in my experience section.

I give FPLC permission to use my photograph, voice, or image, with or without my name, both singly and in conjunction with other persons or objects for publicity or recruitment purposes.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE