

Community Connection



of Northeast Oregon, Inc.

Volunteer Application

Administrative Office / 2802 Adams Ave / La Grande, OR 97850 / 541-963-3186 / Fax: 541-963-3187

Full Name: _____
(Last) (First) (M.I.)

Alias or Maiden Name: _____

Phone Number: (Home) ____ - ____ - ____ (Work) ____ - ____ - ____ (Cell) ____ - ____ - ____
 Please do not contact me at my work number

Street Address: _____ , _____ , _____ , _____
(Number and Street) (City) (State) (Zip)

Mailing Address: _____ , _____ , _____ , _____
(Number and Street) (City) (State) (Zip)

Are you legally authorized to work in the United States? Yes No

Net Typing Speed _____ wpm Ten-Key Proficiency? Yes No

Volunteer Position desired: _____

Reason for interest in volunteering? _____

Can you perform the essential functions of the job(s)? Yes No Comments _____

Number of hours per day/week desired? _____

Driving Positions Only:

If you are applying for a position with Community Connection that requires you to drive a company vehicle, please answer the following questions.

Do you have a valid Oregon Driver's license? Yes ___ No ___ N/A ___

Do you have a valid Commercial Driver's License (CDL)? Yes ___ No ___

With Passenger Endorsement? Yes ___ No ___

If you do not currently have a CDL, will you apply for one if required? Yes ___ No ___

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EDUCATIONAL BACKGROUND

School	Name/Address of School	Course of Study	Last Year Completed				Graduate?
			1	2	3	4	
High School			1	2	3	4	Yes / No
Trade School			1	2	3	4	Yes / No
College			1	2	3	4	Yes / No
College			1	2	3	4	Yes / No
Other			1	2	3	4	Yes / No

List any vocational or military experience that you have:

List any special skills that you have:

REFERENCES

**List three personal/professional references (non-relatives) below.
Include addresses, phone numbers and relationship.**

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EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

EMPLOYER	DATES OF EMPLOYMENT MONTH AND YEAR	TITLE AND DUTIES
EMPLOYER _____ ADDRESS _____ CITY/STATE/ZIP _____	FROM TO _____ _____	_____ _____ _____ _____
EMPLOYER _____ ADDRESS _____ CITY/STATE/ZIP _____	FROM TO _____ _____	_____ _____ _____ _____
EMPLOYER _____ ADDRESS _____ CITY/STATE/ZIP _____	FROM TO _____ _____	_____ _____ _____ _____
EMPLOYER _____ ADDRESS _____ CITY/STATE/ZIP _____	FROM TO _____ _____	_____ _____ _____ _____

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Please use this space to provide additional information about your qualifications, skills, background that you would like us to know.

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PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions.

Yes No

I will be responsible for familiarizing myself with all rules and regulations of Community Connection as they presently exist or are later modified.

Yes No

I understand that Community Connection of Northeast Oregon, Inc. will conduct a criminal background check on all volunteer drivers and may conduct a criminal background check on other volunteers. I understand that Community Connection may contact the Oregon State Police and /or other law enforcement agencies to obtain information concerning any prior criminal history involving me.

Yes No

I hereby authorize Community Connection to conduct such a background check and hereby release from liability Community Connection, its employees and any law enforcement agency providing such information to Community Connection in conjunction with such an investigation.

Yes No

I have read, understand and agree with the above.

Signature of Applicant

Date