

Community Connection



of Northeast Oregon, Inc.

Volunteer Application

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

Full Name: _____
(Last) (First) (MI)

Phone Number: (Home) _____ - _____ - _____ (Cell) _____ - _____ - _____ (Email) _____

Phone Number (Work) _____ - _____ - _____ Please do not contact me at my work number

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

Mailing Address: _____, _____ (City), _____ (State), _____ (Zip)

Volunteer Position desired: _____

Reason for interest in volunteering? _____

Number of hours per day/week available? _____

If position requires driving: Do you have a valid driver's license: Yes No (Please circle)

Do you have a CDL? Yes No (Please circle)

If position requires driving, a copy of the volunteer's current driver's license and proof of current auto insurance coverage will be required

Do you have any relatives serving on the Community Connection of Northeast Oregon, Inc. Board of Directors or employed by Community Connection? Yes No (Please circle)

Name	Relationship	Employee	Board
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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Please circle any special skills, experience or other qualifications that you have

Skills/experience: Typing Ten Key Answering Phones Receptionist
 Food Preparation/ serving Meals on Wheels Driving/transportation
 Food Bank Bingo

Please list other skills/experience: _____

REFERENCES

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

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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