## **Community Connection**



## Volunteer Application

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

| Full Name:(Last)  |                          | (Firs          | st)         |               | (MI)          |
|---|--------------------------|----------------|-------------|---------------|---------------|
| Phone Number: (Home)  |                          |                | _ (Email) _ |               |               |
| Phone Number (Work)   |                          | not contact me |             |               |               |
| Street Address:   | _                        |                |             |               |               |
|   |                          |                |             |               |               |
| Mailing Address:  |                          | (City)         |             | ,,            | (Zip)         |
|   |                          |                |             |               |               |
| Volunteer Position desired:   |                          |                |             |               |               |
| Reason for interest in volunteering                                   | ງ?                       |                |             |               |               |
|   |                          |                |             |               |               |
|   |                          |                |             |               |               |
| Number of hours per day/week av                                       | ailable?                 |                |             |               |               |
|   |                          |                |             |               |               |
| If position requires driving: Do                                      | you have a valid driver' | s license:     | Yes         | No            |               |
| Do  | you have a CDL?          |                | Yes         | No            |               |
| If position requires driving, a co<br>auto insurance coverage will be |                          | current drive  | er's licen  | se and prod   | of of current |
| Do you have any relatives serving<br>Directors or employed by Commu   |                          | nection of No  | rtheast O   | regon, Inc. E | Board of      |
| Name  | Relationshi              | р              |             | Employee      | Board         |
|   |                          |                |             |               |               |
|   |                          |                |             |               |               |
|   |                          |                |             |               |               |

## Community Connection of Northeast Oregon, Inc. Volunteer Application

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

| Skills/experience:  | Typing         | Ten Key    | Answering Phones | Receptionist           |  |  |  |
|---|----------------|------------|------------------|------------------------|--|--|--|
| <u>SKIII5/CXPCTICITCE.</u>  |                | -          |                  |                        |  |  |  |
|   | Food Prepara   |            | Meals on Wheels  | Driving/transportation |  |  |  |
|   | Food Bank      | Bingo      |                  |                        |  |  |  |
| Please list other skil  | ls/experience: |            |                  |                        |  |  |  |
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|   |                |            |                  |                        |  |  |  |
|   |                | REFER      |                  |                        |  |  |  |
| List three personal/professional references (non-relatives) below.<br>Include addresses, phone numbers and relationship |                |            |                  |                        |  |  |  |
|   |                | , <b>.</b> |                  |                        |  |  |  |
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| Community Connection of Northeast Oregon, Inc.<br>Volunteer Application   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| volunteel Application   |  |  |  |  |  |  |
| Please use this space to provide additional information about your qualifications, skills, background that you would like us to know. |  |  |  |  |  |  |
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## Community Connection of Northeast Oregon, Inc. Volunteer Application

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

No

Yes

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.

I have read, understand and agree with the above.

Signature of Applicant

Date