



Community Connection of Northeast Oregon, Inc.

Volunteer Application

Personal Information

Last Name:	First Name:
Phone Number:	Email Address:
Street Address:	
Mailing Address:	

Volunteer Interest:

Volunteer Position applied for:	Location:
How did you learn about this volunteer opportunity? Online job posting Walk-in Newspaper Classifieds Social Media Company website Other:	
Reason for interest in volunteering?	Number of hours per day/week available?
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 a valid driver's license: Yes No	

Do you have any relatives serving on the Community Connection of Northeast Oreong, Inc. Board of Directors or employed by Community Connection? Yes No

Name	Relationship	Employee	Board

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

Skills/Experience:	Typing	Ten Key	Answering phones	Receptionist
	Food Preparation/Serving		Home Delivered Meals	Food Bank
	Driving/transportation		Bingo	
Please list other skills/experiences:				

References (List three personal/professional references (non-relatives) below.)

Name of Reference	Title and Company	Phone Number	Relationship



Community Connection of Northeast Oregon, Inc.

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. I understand that any misstatement, omission, or false information will be grounds for refusal to hire or for immediate discharge if I am employed. I authorize the employer to investigate the information contained on this volunteer application, including my volunteer employment, education, character, and other qualifications, and I release from all liability the employer and any persons or other entities supplying such information relating to this investigation.

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. I recognize that my volunteer employment can be terminated, at the discretion of Community Connection or at my option, without notice, at any time, unless specifically set forth in writing in a current individual volunteer employment agreement signed by the Executive Director.

Yes

No

I also understand that no representative of Community Connection has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of volunteer employment, except as specifically stated in a current written individual volunteer employment agreement signed by the Executive Director.

Yes

No

I have read, understand and agree with the statements above.

Signature of Applicant

Date