

VOLUNTEER APPLICATION

First Name _			ΛΙ	Last Name		
Address			City&Sta	nte		Zip
Phone				Best cor	ntact meth	od (circle): phone/ text/ emai
Email						
<u>Availabili</u>	ty (Circle all app	olicable):				
Monday	Tuesday	Wednesday	Thursday	Friday Sa	aturday	No Preference
☐ Morning	☐ Afternoon	☐ Evening	l am intere	sted in volun	teering _	hours per week.
Please Note:	: Most voluntee		e available Mor	nday – Friday 9:0		oo PM and Saturday 9:00AM -
Where are □ Eugene	•	t ed in voluntee i □ Springt	0	□ Eith	er	
What are	your skills ai	nd interests?	No. 100 - 10			
		tunities are you lunteer Opport			ore abou	t? Please complete and
Special Ne	eds:					
Comments	::					
In an eme	rgency, notif	y:				
First Name	a:		Last Na	me:		
					Z	ip:

Volunteer Acknowledgement and Release:

In signing this release, I acknowledge that I am volunteering for Catholic Community Services of Lane County, Inc. (CCS). I agree to absolve and hold harmless CCS from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience, or damage hereby suffered or sustained resulting from participation as a volunteer for CCS.

I understand that information provided by clients and the content of discussions or other communications regarding clients and client information by CCS personnel are confidential and privileged. I understand that said information may not be divulged to any person outside of CCS without a court order. I promise not to divulge or otherwise make public such information whether obtained from clients or from CCS personnel.

I give permission to use any photograph, video recording or audio recording of myself, obtained during volunteer activities, in CCS informational material and for CCS publicity, training and promotional purposes and without compensation from CCS.

I read and understand the above.

Signature	Date
Print Name	
Signature of Parent	
or Legal Guardian	Date
Print Name	
(Required for all volunteers under 18 years of age	

If you have questions or need more information, please call 541-345-3628 ext 316

OFFICE USE ONLY

Date Application Received:	_ by
Background Check Status: Approved/ Not Approved	
Date Background Check Completed:	
Date Volunteering Began:	
Staff: Upon completion attach form to completed background che	ck form and submit to Voluntaer Coordinate

Staff: Upon completion, attach form to completed background check form and submit to Volunteer Coordinator for processing.

Revised November 2015



PERMISSION TO PROCURE BACKGROUND CHECK

Please print legibly your name just as it appears on your driver's license. All information is required.

	LAST NAME	FIRST NAME	FULL MIDDLE
(NO PO BOXES) CITY:	ALIAS NAME:		ALIAS (last 7 years)
(NO PO BOXES) CITY:	ALIAS NAME:		ALIAS (last 7 years)
(NO PO BOXES) CITY:	STREET ADDRESS:		
DOB:	THE THE STATE OF T		
City:	CITY:	STATE:	ZIP:
City: State	DOB://	SSN:	
City:	DRIVER'S LICENSE /ID #:	STATE: EX	P. DATE:
City:	LIST CITIES OUTSIDE OF CURR	RENT COUNTY DURING THE PAST 10 YEARS	(use back of form if necessary)
City:			·
City	City.		State
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (YES/NO)	City:		State
HAVE YOU EVER BEEN CONVICTED OF A CRIME? (YES/NO)			
NVESTIGATIVE CONSUMER REPORT AUTHORIZATION In connection with my application I understand that an investigative consumer report may be requested that my include information regarding my court records both civil and criminal, my driving records, educational and professional credentials and personal an professional references. This may come from either public or private sources and may contain information regarding my character, experience, work habits and reasons for the remination from past employers. I understand that this document shall be kept on file and may be used at any time during my employment to procure an investigative eport. I hereby release and discharge to the extent permitted by law, Catholic Community Services of Lane County, Inc., its employees, any individual or agency obtaining information for Catholic Community Services of Lane County, Inc., my personal and professional references, and my former employers, from any and all claims known or unknown, damages, losses, liabilities, cost, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation. I also understand that I may (1) request in writing the nature of the information obtained and (2) request a written summary of my rights under the Fair Crefeporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid for all purposes present and future. I have read, understand, and agree with the above. Date: DR Requested by: Date: Date:			
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FICE	HAVE YOU EVER BEEN CONVICTED Of continuous forms and inconvictions (Use additional convictions) (Use additional convictions) (Use additional continuous forms) (Use additional c	DF A CRIME? (YES/NO) If y itional sheets, if necessary): Date: City Date: City Date: City AUTHORIZATION In connection with my application I is my court records both civil and criminal, my driving records, edu public or private sources and may contain information regarding this document shall be kept on file and may be used at any time permitted by law, Catholic Community Services of Lane County, in County, Inc., my personal and professional references, and my expenses arising from the retrieving, reporting and/or disclosur st in writing the nature of the information obtained and (2) requi-	res, please provide details and "/ State:
	Crime: Crime:	DF A CRIME? (YES/NO) If you can be a compact of the state of t	res, please provide details and " / State: " / State
	HAVE YOU EVER BEEN CONVICTED Of location of all convictions (Use additional convictions) (Use additional convictions) (Use additional convictions) (Use additional convictions) (Use additional convictional convicti	DF A CRIME? (YES/NO) If you can be a control of the contro	res, please provide details and "/ State:



SPRINGFIELD: 1025 G Street | Springfield, OR 97477 EUGENE: 1464 West 6th Avenue | Eugene, OR 97402

541-345-3628 | www.ccslc.org

Volunteer Opportunity Checklist

Your Name:	Date:
Please check the volunteer opportunities and return this form with your Volunteer volunteer opportunity are attached (descrete Community Services S = CCS Springfield Community	Application. Brief descriptions of each iptions are yours to keep, don't return). rvice Center, 1464 W. 6 th Avenue
Food (E/S) ☐ Food Distribution ☐ Food Restocking/Organizing	Social Services (S) ☐ Phone Interviewer
Resource Center (E/S) Resource Center-Customer	☐ Clerical Assistant☐ Student Intern☐ Family Events Volunteer
Service ☐ Resource Center-Hygiene Kits/Organizing/Filing	☐ Mentor☐ Records Reviewer
☐ Resource Center-Clothing ☐ Energy Assistant-Seasonal ☐ Customer Satisfaction	Hands On ☐ Maintenance/Landscape (E/S) ☐ Vegetable Garden-Seasonal (S) ☐ Cleaning (E/S)
Outreach and Development Events Volunteer	☐ Interior Design/Update (E/S)
 □ Special Projects Volunteer □ Driver □ CCS Ambassador □ CCS Help & Hope Tour Host □ Great Hour of Caring Table Host 	More Opportunities ☐ Professional Services/Consultant ☐ CCS Board member ☐ Basket Project ☐ Prosperity Planner ☐ G Street OASIS (S)
Management and Admin (S) ☐ Accounting Assistant ☐ Administrative Assistant ☐ Volunteer Coordination Assistant	