



Volunteer Application

Please return to:

Program Director, Bridge Meadows
8502 N. Wayland Ave., Portland, OR 97203

Phone: (503) 953-1100

For Official Use Only
Background: <input type="checkbox"/>
Trained: <input type="checkbox"/>

Today's date:				
APPLICANT INFORMATION				
Last name:		First:		Middle: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Email address:			Birth date:	
Street address:		Home phone number: ()	Mobile phone number: ()	
P.O. Box:	City:		State:	ZIP Code:
Occupation:		Employer:		Employer phone number: ()
May we contact you at work?		Does your company have a volunteer matching program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Contact:		Phone number: ()	Relationship:	
Are you bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what language besides English do you speak?			
Are you currently attending school?		If yes, where?		
Area of study:				
Describe some of your interests, talents or skills:				
As a volunteer, what/how would you like to contribute, to Bridge Meadows (please be specific)?				
Our volunteer services reflect a variety of needs. Please list any conditions (medical, physical or emotional) that you feel are important for us to know:				
How did you hear about Bridge Meadows?				

VOLUNTEER OPPORTUNITIES

Please check or note volunteer opportunities that interest you?

Special Events Computer Classes Music Recreation Activities

Teaching a class (cooking, nutrition, healthy living, art/culture, financial fitness)

Mentoring (please check) Children Parents Seniors

Other: Please identify other skills or talents you'd like to share:

Please Indicate Your Availability:

On time or more per month

As needed

Other (please specify) _____

VOLUNTEER EXPERIENCE

Volunteer Activity 1

Organization:		Start date:	
		End date:	
Street address:		Point of contact:	Phone number: ()
P.O. Box	City:	State:	ZIP Code:

Describe your position and responsibilities:

Volunteer Activity 2

Organization:		Start date:	
		End date:	
Street address:		Point of contact:	Phone number: ()
P.O. Box	City:	State:	ZIP Code:

Describe your position and responsibilities:

BACKGROUND AND DISCLOSURES

Have you ever been convicted of a criminal offense, including but not limited to DUII, criminal neglect, abuse, or assault? Yes No

If yes, please explain:

Are you currently being charged with any criminal offense, including but not limited to DUI, criminal neglect, abuse, or assault? Yes No

If yes, please explain:

Are you on public record as a sex offender or physical abuser? Yes No

Do you use illegal drugs? Yes No

Do you agree to disclose any future convictions or violations? Yes No

Do you have a current driver's license? Yes No

Driver's license number: _____ State: _____

Has your driver's license ever been revoked in this or any other state? Yes No

PLEASE READ AND SIGN THE FOLLOWING STATEMENT:

I, _____ (please print name), authorize full and complete investigation of my application. This process may include interviewing professional and personal references, criminal history verification, and other relevant processes. I understand that any misrepresentation or falsification of this application shall constitute for rejection or dismissal.

In order to protect the unique nature of the work of the Bridge Meadows, I agree to the following: any ideas, improvements, creative work, designs, authored works or discoveries, software, technologies, techniques, processes, products, material, concepts, whether or not patentable or copyrightable, as well as any newly-discovered or newly-applied information or concepts, that relate to or are useful on the actual or anticipated business of BRIDGE MEADOWS, or that were developed in whole or in part on any BRIDGE MEADOWS time or using BRIDGE MEADOWS equipment, are the sole property of BRIDGE MEADOWS. Supplies, facilities or confidential information belong exclusively to BRIDGE MEADOWS. This agreement operates as an actual assignment of all those rights to BRIDGE MEADOWS.

I also hereby agree to regard all information received in the performance of my volunteer work with this organization, both verbal and written as confidential. I understand that this organization respects clients and residents' rights with regard to privacy of information and I agree to respect these rights in performance of my volunteer duties and adhere to mentees, family and resident confidentiality in all my statements outside the association.

In addition, I, _____ (please print name), do hereby agree to indemnify and hold harmless the Bridge Meadows, its employees, volunteers or agents from any and all claims or causes of action that may arise out of performance of my assigned duties as a volunteer. I waive any right I have against the Bridge Meadows in consideration of my participation as a volunteer for the programs and offices of the Bridge Meadows. In closing, I agree that my volunteer services are donated to the Bridge Meadows without contemplation of compensation or promise of future employment.

Signature

Date

BRIDGE MEADOWS is an Equal Opportunity Organization. We select volunteers without regard to ethnicity, gender, national origin, religion, age, education, sexual orientation, mental or physical disability unrelated to job performance.