



Volunteer Application

Chehalem Youth and Family Services

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests	
Tell us in which areas you are interested in volunteering	
<input type="checkbox"/> General Office Work	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Event Assistance	<input type="checkbox"/> Youth Opportunity
<input type="checkbox"/> Yard Work	<input type="checkbox"/> Mentoring
<input type="checkbox"/> House/Office Cleaning	<input type="checkbox"/> Teaching a class
<input type="checkbox"/> Phone/Reception Work	<input type="checkbox"/> HR Department
<input type="checkbox"/> Carpentry/Repair	<input type="checkbox"/> Finance Department
<input type="checkbox"/> Marketing Department	<input type="checkbox"/> Other
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer *or* Related Experience

Summarize your previous volunteer *or* related experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application or may result in my immediate dismissal.

I understand in order to work with CYFS Youth I will need to authorize a criminal background check, receive relevant training provided by CYFS, and complete other processes as required by CYFS policy. I have agreed of my own free will to volunteer with Chehalem Youth and Family Services.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of *Chehalem Youth and Family Services* to provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability.

Thank you for completing this application and for your interest in volunteering with Chehalem Youth and Family Services.

CYFS— For office use only

By signing below I agree that to the best of my knowledge that _____ has been authorized for Level (1, 2, 3 or 4) _____ volunteer services.

Print Name

Signature

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to volunteer and/or become a mentor?
2. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.
3. How would you describe yourself as a person?
4. How would your friends, family, and co-workers describe you?
5. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
6. Have you ever used illegal drugs? If so, what substances were used and how often?
7. Are you currently using any illegal drugs or controlled substances?
8. Do you drink alcoholic beverages? If so, what and how often?
9. Have you ever been convicted of a DUI, drinking while under the influence of alcohol? If yes, when and what were the circumstances?
10. Do you use tobacco products? If so, what and how often?
11. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
12. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
13. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
14. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.

Please answer the following questions <i>only</i> if you will be mentoring or helping with youth activities:
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15. If you plan on volunteering with youth activities or as a mentor do you have any previous experience working with youth? If so, please specify.
 - What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
16. Mentoring Program: Can you commit to participate in the Chehalem Youth & Family Services Mentoring Program for a minimum of six months from the time you are matched with a youth?
17. Are you available to meet with a child on a regular basis as agreed upon between you and your mentee? Please explain any particular scheduling issues.
18. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?
19. Are you willing to attend an initial mentor training session and two in-service training sessions per year after being matched?

CHEHALEM YOUTH & FAMILY SERVICES
VOLUNTEER PROGRAM
Creating Vision through Volunteering

Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information CHEHALEM YOUTH & FAMILY SERVICES gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____