

Dear Volunteer Applicant,

Thank you for considering Impact NW as you explore volunteer opportunities!

Impact NW's mission is to **HELP PEOPLE ACHIEVE AND MAINTAIN SELF-SUFFICIENCY AND TO PREVENT AND ALLEVIATE THE EFFECTS OF POVERTY**. We are committed to helping people achieve self-sufficiency. Our vision is to create a community where all people have the resources and support to live safe and healthy lives.

Working with schools, churches, businesses and other partners, Impact NW helps alleviate the effects of poverty for 60,000 people with an array of prevention and intervention services, focused on children, families, and seniors. Clients include at-risk youth, isolated and/or low-income seniors, homeless families, people with disabilities and the working poor.

Attached you will find a volunteer application that may be fax, emailed or mailed to us. Please contact us to discuss your interests and the application process. Once your application is turned in, it can take **3-4 weeks** for a placement (mentoring can take up to **5-6 weeks**).

Thank you for your dedication to helping others in our community. We look forward to working with you!

Sincerely,

Jill Morrow
Community Involvement Supervisor
503-988-4996 x265
jmorrow@impactnw.org

VOLUNTEER PROGRAM USE ONLY

Date Received: _____

Program: _____

Solicit Code: _____



Volunteer Application

Please Return to:

Impact NW
Attn: Community Involvement
PO Box 33530.
Portland, OR 97292-3530
Telephone (503) 988-4996 x265
Fax (503) 988-4771
Email: jmorrow@impactnw.org

Name Date of Birth Ethnicity

Address City State Zip

Home Phone Work Phone Email

Employer Driver's License or I.D.# State Issued

Best Day and Time to Reach You

Educational Background or Certifications Major School(s)

Have you ever been convicted of a crime? Yes No If "yes", please describe _____

Do you have any special language skills? Yes No If "yes", please describe _____

Do you need special accommodations? Yes No If "yes", please describe _____

Please provide us with an emergency contact:

Name Street Address City & State Zip Phone Relationship

Please provide us with three references (a friend or work/school related reference). We will contact the references you provide to discuss your qualifications regarding the volunteer position you are being considered for.

(1) _____
Name Email Phone Relationship

(2) _____
Name Email Phone Relationship

(3) _____
Name Email Phone Relationship

Are you interested in volunteering Short-term Consistently (on a regular basis)

How many hours would you like to volunteer? Per week? _____ Per month? _____

What days & times are you available to volunteer? _____

**Commitment times depend on program*

What are your special interests, skills, hobbies? _____

How did you hear about Impact NW? (If you were referred by a friend or relative, please list their name)

Have you been associated with Impact NW or Portland Impact previously? If so, in what capacity?

I certify that the statements I have made in all sections of this application are complete and true to the best of my knowledge. I understand that any false statements may be cause for disqualification. I give Impact NW permission to verify any information I have given. **I also understand that Impact NW reserves the right to terminate or withhold volunteer placement based on the discretion of the agency.** The information submitted in this application will remain confidential.

Signature

Date

Interviewed by & date:

I authorize that the information and results collected in this process be shared within the agency and with any outside organizations related to my placement.



VOLUNTEER INTEREST CHECKLIST (check all that apply)
You will receive a more detailed description of program opportunities upon interview

Family & Youth Programs

- Mentoring school-aged youth
- After-School and Summer Activities in a school setting
- Early Childhood Education classroom assistant

Senior and People with Disabilities Programs

- Be a “Friendly Visitor” (visiting an isolated and/or frail senior or adult with disabilities in his/her home)
- Provide transportation and accompaniment to appointments, activities or to shop (in your own car)
- Help with group activities including multicultural activities, classes, and workshops
- Serve meals at one of our housing facilities
- Assist seniors with managing their finances in our Money Management program
- Do yardwork or small clean-up projects for a senior or adult with disabilities

Housing, Safety Net and Homeless Family Programs

- Emergency Clothing Closet
- Community Food Basket
- Outreach/public education
- Help homeless families move into apartments (have a truck or van preferable)
- Prepare an apartment for a new family (cleaning, painting, etc.)
- Teach a class or help with homework tutoring or skill-building at one of our housing facilities

Development & Administration

- Participate in fundraising activities and events
 - Outreach or representing the agency in the community
 - Recruit volunteers
 - Help with administrative functions such as mailings, filing, answering phones, etc.
- Please check here if you are hoping to fulfill an internship or school requirement***



CONSENT FORM FOR PUBLICITY

- I hereby give my permission to Impact Northwest, Inc. to write about, photograph and/or videotape myself and/or family member(s) for publicity purposes like newsletters, media coverage and special events.
- I do not wish to give my permission for publicity.

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in Portland Impact doing business as Impact NW programs and related events and activities, the undersigned:

1. Agrees that before or during my participation, if I believe anything is unsafe, I will immediately advise the event supervisor or other person in authority at the Portland Impact doing business as Impact NW program and the related events and activities of such conditions and refuse to participate.
2. Acknowledges and fully understands that each participant will be engaging in activities that could involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence of others, or the condition of the premises, the trail or any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time;
3. Assumes all the foregoing risks and accept personal responsibility for the damages following injury, permanent disability or death;

Printed Name _____

Date _____

Signature _____

If Minor, Parent or Guardian Signature _____

Date _____

IMPACT NORTHWEST
Volunteer Record Check Authorization Form

In signing this pre-volunteering record check authorization form, I give permission for Impact to obtain information regarding any criminal history records I have, including: Records of arrests, convictions and driving records. I understand that falsification of information on this form or the refusal to provide written authorization will disqualify me from employment or volunteering with Impact Northwest.

PLEASE PRINT THE FOLLOWING INFORMATION:

Full Name (Last) (First) (Middle) (Other Names Used)

Home Address (Street) (City) (State) (Zip Code)

Social Security Number

Home Phone Number

Date of Birth

Driver's License Number & Issuing State (please provide copy)

Race

Gender

Have you been arrested for a crime for which there has not been an acquittal or dismissal? Yes No

Have you ever been convicted of any crime except for a minor traffic violations? Yes No

If yes, in what state(s) were you convicted? _____

<u>List all accidents/violations in the past three (3) years: (if applicable)</u>	
Date:	Brief Description (A = accident / V = violation):
_____	_____
_____	_____
_____	_____

Will you be driving on behalf of Impact Northwest? Yes No Will you be driving Impact Northwest vehicles? Yes No

Insurance Co: _____ Policy/Group No: _____

 Anticipated Volunteer Program at Impact Northwest, Inc.

 Supervisor

Applicant's Signature

Date Signed

If Minor, Parent or Guardian's Signature

Date Signed

 Requestor's Signature

 Date Signed

FOR OFFICE USE ONLY

Please return all complete forms to the Personnel Department.

Record Check Completed: _____ **Date of Completion:** _____ Criminal Rec'd Approved Criminal Rec'd Not Approved

DMV Check Completed : _____ **Date of Completion:** _____ DMV Approved DMV Not Approved

Supervisor Notified (Date): _____

Applicant Notified (Date): _____



Standard Operating Procedures for Use of Seat Belts and Safety Seats
(to be completed by volunteers that will be driving on behalf of Impact Northwest)

Policy Statement

It is the policy of Impact Northwest that all employees and volunteers follow the Oregon seat belt law whenever using agency or personal vehicles for agency business.

Procedure

1. Staff and volunteers operating motor vehicles (agency or personal) for agency business must wear seatbelts; must secure passengers under 16 with seat belts, harnesses or small child safety systems; and must ensure that passengers over age 16 secure themselves.
2. A passenger under one year of age must be properly secured with a child safety system that meets the minimum standards and specifications established under Oregon law for child safety systems for children of 40 pounds or less.
3. A passenger over the age of one year and below 40 pounds must be properly secured with a child safety system that meets the minimum standards and specifications established under Oregon law for child safety systems for children of 40 pounds or less.
4. A passenger over the age of one year, over 40 pounds, and below 80 pounds must be properly secured with a child safety system that meets the minimum standards and specifications established under Oregon law for child safety systems for children of 40 pounds to 80 pounds. This means most children less than 8 years and 80 pounds will need a booster seat.
5. A passenger who presents a certificate of exemption from the Division of Motor Vehicles may be permitted not to wear a seat belt.
6. Staff and volunteers operating personal motor vehicles for agency business must keep seat belts and child safety systems in working order.
7. Staff and volunteers noticing any seat belt or child safety seat malfunctions in agency vehicles will report this to their supervisor immediately. Supervisors are then responsible to report this to the person(s) responsible for van maintenance (see SOP VII.16 – SOP for Vehicle Maintenance & Repair).
8. Impact Northwest will not take responsibility for any fines levied as a result of violation of Oregon seat belt and child safety systems law. Any such fine(s) will be the responsibility of the driver and/or passenger per Oregon law.

I have read the above statement and agree to the above requirements:

Signature

Date