



# Volunteer Application

## Welcome to Corvallis Caring Place

Your interest in becoming part of the CCP family is appreciated.

*In order to become a volunteer there are several steps that must be completed. Please read below for instructions and what is entailed in becoming a good volunteer.*

1. Complete the attached application form.
2. Fill in your references and complete the emergency contacts.
3. Mark the days and times you will be available to volunteer.
4. Return your application to the front reception desk, mail or e-mail the application back.
5. Once the application has been turned in the Activities Coordinator will contact you for an interview.

***The following steps must be completed before an applicant becomes a volunteer.***

1. Criminal background checks are mandatory for anyone age 16 or older. The volunteer coordinator will direct you to that step of the procedure. You will need to provide a state-issued photo ID, such as a driver license or Oregon state ID card. The photo ID will be verified, photocopied and returned to you while you wait. If you have lived outside the state of Oregon within the last 5 years please bring a list of addresses.
2. Fingerprints are mandatory for anyone who has been out of the state for more than 60 consecutive days in the past 5 years.
3. New volunteer orientations may be done on an individual basis or in an orientation class.
4. Interns or volunteers volunteering more that 80hrs per year are required to have a drug screening test. This will be provided at no charge to you.

*Becoming a volunteer means making a commitment. Every volunteer will have a supervisor and a schedule to keep. We ask that you consider the commitment you are willing to make before starting the above process.*

Corvallis Caring Place  
750 NW 23<sup>rd</sup> Street  
Corvallis, OR 97330  
(541) 753-2033



# Corvallis Caring Place

## VOLUNTEER APPLICATION

541-753-2033

Office Use  
 Reference  
 Assignment  
 Nametag  
 Orientation  
 BG Check

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Your birth-date day \_\_\_\_\_ month \_\_\_\_\_

List School IF your assignment is part of a school project or program: \_\_\_\_\_

Are you a Corvallis Caring Place Resident?  No  Yes

Have you ever been convicted of any crime?  No  Yes If yes, give state \_\_\_\_\_

Have you ever had a positive tuberculosis test?  No  Yes

### Approximate amount of time willing to volunteer:

1 hour/week     2-4 hours/week     5-8 hours/week     1 time/month  
 2-4 times/month     Special events (on call)

### Times available to volunteer:

Monday     Tuesday     Wednesday     Thursday     Friday     Sat.     Sun  
 Mornings     Afternoons     Evening

### Please *check* activities you are interested in doing:

#### Therapeutic Activities:

Arts & crafts                       Games helper                       Play music or musical instrument  
 Lead discussion groups             Lead group exercises             Lead weekend activities  
 Walk residents outside             Bingo Callers                       Visiting Companion  
 Other

#### Personal Services:

Reading (one-on-one or in groups)                       Facials, makeup, applying lotions, fingernail polish  
 Accompany residents to activities off-campus             Write and/or read mail

#### Domestic & Maintenance:

Food service helper                       Sewing                                   Ironing  
 Grounds maintenance                       Fold laundry                       Other

**Please** list your interests, skills and hobbies that you are willing to share with others. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Volunteer Statement:** I wish to donate my services to Corvallis Caring Place and I understand that there is no payment for services rendered under the volunteer program. I understand I must abide by the rules, regulations, and policies of Corvallis Caring Place, and that I shall work under the direction of a department supervisor and the Administrator. I understand that confidentiality must be maintained concerning residents' information. I understand that if I do not abide by the supervisor's and Administrator's rules, regulations and policies, or break confidentiality, that I will be terminated from the volunteer program. I authorize the Administrator to investigate statements made in this application, to obtain a Criminal History Check and to contact my references.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Parental release if under age 18:***

*I give my permission for \_\_\_\_\_ to volunteer at Corvallis Caring Place. I understand that they are expected to follow all rules, regulations and policies of Corvallis Caring Place. I understand that if my child or ward is 16 or over Corvallis Caring Place will require a Criminal Background check.*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

Administrator  
Crystal Well  
541-753-2033  
crystalw@corvalliscaringplace.org

# VOLUNTEER EMERGENCY CONTACT LIST

Volunteer Applicant's Name: \_\_\_\_\_  
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**First Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Second Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## VOLUNTEER REFERENCES

**First Reference:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Second Reference:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

I have voluntarily provided the information on this contact list for the purpose of emergency contacts and/or references for my volunteer services. By signing this form, I am giving permission for Corvallis Caring Place to contact the individuals listed for the stated purposes. I understand that the confidentiality of this information cannot be guaranteed due to the need for accessibility.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE