



Volunteer Application

Corvallis Caring Place

Thank you for your interest in volunteering at CCP. In order to work here we will need:

1. A state-issued photo ID, such as a driver's license or state ID card
2. A criminal background check for anyone age 16 or older
3. Fingerprints if you've been out of the state for more than 60 consecutive days in the past 5 years.

Name _____ Date _____

Address _____ City/State _____ Zip _____

Phone Number _____ E-mail address _____

Birthday ____/____/____

List school if you're volunteering as part of a school project or program: _____

How often would you like to volunteer?

Number of hours per week _____ Number of days per week _____

Once a month _____ Twice a month _____ Other: _____

What times are you interested in? _____ Mornings _____ Afternoons _____ Evenings

What day(s) are you interested in?

What are you interested in?

_____ Arts & Crafts _____ Games (Bingo, Yahtzee, etc.) _____ Lead group exercises

_____ Visit one-on-one with a resident (take walks, look at photo albums, write letters, etc.)

_____ Music (lead songs, play an instrument)

_____ Reception (greet visitors, answer phones, assist with resident requests)

Do you have any special interests, skills or hobbies that you'd like to share?

Have you ever been convicted of any crime? _____ No _____ Yes If yes, what state? _____

Have you ever tested positive for tuberculosis? _____ No _____ Yes

Volunteer Statement:

I understand that Corvallis Caring Place (CCP) is a small community of residents who call this family-like setting “home.” When volunteering at CCP I will conduct myself in a respectful and friendly manner toward all residents, especially at times when I might visit or work with a resident in their apartment. I will follow a casual yet professional dress code that will not cause offense and will respect the dignity of all residents at all times.

I also understand I must abide by the rules, regulations and policies of CCP, and that resident confidentiality must be maintained at all times. I understand if I do not abide by the policies, or break confidentiality, I will be terminated from the volunteer program.

I authorize the Administrator to investigate statements made in this application and obtain a Criminal History Check.

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: _____

VOLUNTEER EMERGENCY CONTACTS

Name: _____

Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Second Contact:

Name: _____

Relationship: _____

Home Phone: _____ Work: _____ Cell: _____