



Dear Volunteer Applicant,

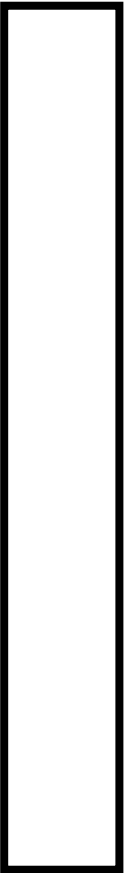
Thank you for your interest in our volunteer program. Through the efforts of many volunteers like you, we are able to maintain a healthy and harmonious home for the residents of Our House. Please read this letter carefully before you fill out the volunteer application form. There are several things to consider before you decide to commit your time and energy to Our House.

- The average volunteer commitment is four hours per week for a minimum of six-months to one year.
- We view volunteers as staff and expect consistent and reliable attendance, as with any other job. If you need to take time off because of illness, vacation, or any other reason, we ask you to give us at least 24 hours notice so we can find someone to take your place.
- Volunteers are asked to attend a monthly volunteer meeting, usually held the third Wednesday of each month. These meetings provide training, information, an opportunity for sharing with other volunteers and staff, and a sense of teamwork that is crucial to maintaining a successful volunteer staff.
- You will be asked to take a 2-step TB skin test before you begin volunteering. The test is given at Our House by the nursing staff.
- You will be required to submit a Criminal History Release Authorization form.
- Volunteer jobs include cooking, kitchen assistance, house cleaning, front desk reception, providing one-on-one resident companionship, accompanying residents on outings or to medical appointments, bodywork (for those licensed), and gardening.

Please give us a call at (503) 234-0175 or email us at volunteer@ourhouseofportland.org if you have any questions before we meet. Again, thank you for your interest. We look forward to speaking with you.



VOLUNTEER APPLICATION



Name _____

Current Address _____ City _____ State _____ Zip _____

Phone (day) _____ Phone (evening) _____

Email _____

Time you are available for volunteer work _____

Hours per week _____ Regularly? _____ yes _____ no

Days you prefer: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

How did you hear about Our House? _____

What kinds of work would you like to do? _____

What do you hope to gain from this experience? _____

What are your leisure interests, hobbies, or avocations? _____

Date of Birth _____ Where did you grow up? _____ Go to school? _____

Have you traveled? _____ Where? _____

Do you understand or speak a language other than English? _____ Which? _____



Health status _____ Any limitations? (please specify) _____

Present occupation _____

Past work experience

Past volunteer experience

Please list two persons with phone numbers whom we may contact to assist in best matching your skills and experience with the needs of Our House residents

Person to contact in case of emergency

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone (day) _____ Phone (evening) _____

Signature

Date