

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.
- 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), pet therapy, and gardening.

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

**Kathryn Siebert**

**Director of Volunteers**

[ksiebert@ourhouseofportland.org](mailto:ksiebert@ourhouseofportland.org)

(503) 234-0175

**Dana Kinney**

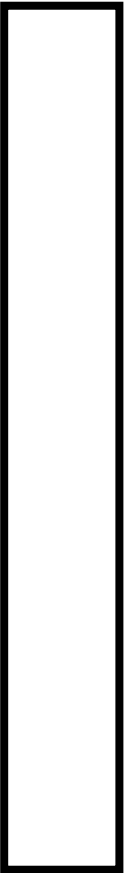
**Volunteer Coordinator**

[dkinney@ourhouseofportland.org](mailto:dkinney@ourhouseofportland.org)

(503) 595-8873



## 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