



## VOLUNTEER / INTERN APPLICATION

The information on this form will help us find the most satisfying and appropriate volunteer assignment for you.  
**Please send completed application to Deputy Keith Bickford at 12240 NE Glisan St. Portland, OR 97230.**  
**\*Your acceptance as a volunteer is contingent upon a successful completion of a background check.**

PLEASE PRINT CLEARLY

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Apt. #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home/Cell Number

\_\_\_\_\_  
Email Address

Circle highest degree completed: High School Diploma A.A. B.A. B.S. M.A. M.S. Ph.D.

Are you currently a student? YES NO Name of School: \_\_\_\_\_

Major or Field of Study: \_\_\_\_\_ Graduation date: \_\_\_\_\_

Other Training: \_\_\_\_\_

Languages you Read: \_\_\_\_\_ Speak: \_\_\_\_\_ Write: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

May we contact your employer for reference? YES NO

List one alternative Academic or Work Reference we may contact: *(please - no friends or family)*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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

Volunteer Experience (include dates):

\_\_\_\_\_

\_\_\_\_\_

Applicable Skills/Hobbies:

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How did you hear about our program? \_\_\_\_\_

How many hours a week can you commit? \_\_\_\_\_ For how many months? \_\_\_\_\_

Available to Start: \_\_\_\_\_

**Days and Hours available:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**Program(s) Interested In:** \_\_\_\_\_

Have you ever been convicted of a felony? YES \_\_\_ NO \_\_\_

Have you been convicted of a misdemeanor in the last 5 years? YES \_\_\_ NO \_\_\_

If yes, explain: state charge(s) when and where convicted and disposition of the case(s):

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\* No applicant will be denied a volunteer opportunity solely on the grounds of conviction. The nature of the offense, the surrounding circumstances and the relevance to the volunteering opportunity will be considered.\*

**Name one person to be notified in case of accident or emergency:**

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

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

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

I hereby state that my individual services are being offered on a voluntary basis without anticipation of any financial reimbursement. I also understand that by applying as a volunteer with OATH, I will commit to the agency for a period of time agreed upon by myself and the program supervisor. As a volunteer, **I agree to maintain state mandated automobile liability insurance. It is also my understanding that a routine criminal record check may be required.**

**Volunteer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_