



Volunteer Application

280 Kenneth Ford Drive
Roseburg, Or. 97470

Sam Likens Volunteer Coordinator
541 -492-3917
sam.likens@ucancap.org

TODAY'S DATE: _____

Name: _____

Address: _____

City, State, ZIP: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact Person: _____ Phone: _____

Birth date: M _____ D _____ Y _____

Employment status: Employed ___ Retired ___ Student ___ Unemployed _____

Workplace: _____

Work Telephone: _____ May we call you at work? Y/N

How did you hear about UCAN? _____

Have you ever been charged with a Felony? Y___ N___

Are you currently on probation? Y___ N___

Please explain _____

Are there any special accommodations you need to volunteer with UCAN?

Reference (work-related preferred): _____ Phone: _____

Reference (from a friend or relative) _____ Phone: _____

Please describe your other volunteer activities, and list the agencies with which you volunteer (both past and present).

AGENCY	CONTACT NAME	DATES OF ACTIVITY

UCAN HAS MANY SERVICES THAT UTILIZE VOLUNTEER HELP:

FOOD SHARES, EMERGENCY SUPPORT SERVICES, CONFIDENCE CLINIC, RENTAL /MORTGAGE ASSISTANCE AND UTILITY ASSISTANCE, WOMEN'S WORKSHOP, HOUSING COUNSELING, HOUSING AND RESOURCE DEVELOPMENT, PROPERTY AND LANDSCAPE MAINTENANCE, HEAD START, WEATHERIZATION ASSISTANCE, CHILD CARE RESOURCES, AND THE WARMLINE REFERRAL SERVICE

DIRECT SERVICE OPPORTUNITIES:

The following opportunities require: Completion of Orientation, 12-hour training, and on-the-job training. Job descriptions for volunteer positions are available.

- Warehouse Driver
- Warehouse Supplier/organizer
- Confidence Clinic Help (front-desk, help clean up in classrooms, intake process)
- General Office Assistant (computer, data entry, phones, etc)
- Head Start Program (office or classroom help)
- Tutor
- In office helper (shredding, filing, organizing)
- Transportation (Translink for Medicare clients)
- Wood Lot Help (cutting, stacking and hauling firewood)
- Facility Maintenance/Upkeep
- Grounds Keeper and Lawn service
- Interpreter - Language: _____
- Mentoring

SUPPORT SERVICES/OUTREACH OPPORTUNITIES:

The following opportunities require completion of one-hour orientation and "on-the-job" training.

- Speakers' Bureau (at other organizations)
- Special Events (planning, running booth)
- Marketing/PR

Availability: Days of the Week: _____

Availability: Hours of the day: _____

Is there another volunteer area that you do not see above in which you would be interested?

What special skills, background, degrees, training, or areas of interest do you wish to share as a volunteer? (Examples: computer experience, marketing/PR, counseling, working with children, secretarial, etc.) _____

1. Have you ever been convicted of any other crime except a minor traffic violation? Yes ____
No ____
2. Have you been arrested for a crime for which there has not yet been an acquittal or dismissal?
Yes ____ No ____
3. Have you ever been convicted of a sex-related crime? Yes ____ No ____
If yes, was the conviction in Oregon if not what state?
Please specify: _____
If yes, did the crime involve force or minors? Yes ____ No ____
4. Have you ever been convicted of a crime involving violence or the threat of violence? Yes ____ No ____
If yes, in Oregon or in what state?
Please specify: _____
5. Have you been convicted of a crime involving drugs/alcohol?
Yes ____ No ____
If yes, In Oregon or in what state? (Please specify)

Advisory:

A check of your criminal history will verify the responses to the preceding questions.

***Only fill out only if you are doing Direct Service Opportunities with clients or client records**

AUTHORITY TO CONDUCT BACKGROUND INVESTIGATION

As a volunteer applicant for UCAN, I hereby authorize UCAN to conduct a routine criminal investigation and DMV check (where needed) to determine my qualifications to participate in the organization. I understand that such a background investigation is being conducted solely for the purpose of protection and prevention of any harm to the individuals of our community who may require the services of UCAN. All information will remain confidential as required by state and federal statutes. I understand that all available police and criminal records will be checked.

Signature: _____ Date: _____

Full Name: _____

Please Print: First Middle Last

Birth or Any Prior Name(s): _____

Birth Date: _____

Social Security #: _____ Drivers License #: _____

State: _____

Please return this application to:

UCAN Volunteer Coordinator