



Neighborhood House

Helping Neighbors Help Themselves

Providing services and resources to develop, support and foster self-reliance, economic independence and dignity in people of all ages and backgrounds.

For Office Use Only

NH staff receiving information form:

Site: _____

Background check completed by: _____
Date: ____/____/____

Date of database entry: ____/____/____

Volunteer Application

(Please print clearly!)

Name: _____ Date: _____
First Middle Last

Mailing address: _____
Street City Zip

Telephone(s): _____ (Home) _____ (Business)
 _____ (Cell)

E-mail: _____

I am over 18-years of age. Yes No

Occupation: _____ Employer: _____

Does your employer offer an employer-sponsored volunteer program? Yes No

Are you fulfilling a school requirement of community service, practicum or internship through volunteer service at Neighborhood House? Yes No

I learned about NH volunteer opportunities from (be specific!): _____

I would like to receive Neighborhood House publications in the mail: Yes No

I would like to receive Neighborhood House information by e-mail: Yes No

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

AVAILABILITY

- Regular basis
- One-time project/event
- Flexible

NOTE: Please keep in mind that weekend opportunities are very limited.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

SKILLS

- | | | |
|--|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Childcare | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Coaching | <input type="checkbox"/> Drawing |
| <input type="checkbox"/> Filing | Sport: _____ | <input type="checkbox"/> Graphic art |
| <input type="checkbox"/> Language Fluency: | <input type="checkbox"/> Teaching | <input type="checkbox"/> Painting |
| _____ | Subject: _____ | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Organizing | <input type="checkbox"/> Tutoring | |
| <input type="checkbox"/> Receptionist | Subject: _____ | |
| <input type="checkbox"/> Word processing | | |

INTERESTS & PREFERENCES

What population would you like to serve?

- Children (ages 0-5)
- Youth (ages 6-18)
- Adults
- Seniors
- Families

Program Interest:

- Parenting Program
- Head Start
- Youth & Family Services (SUN School)
- Mentoring or Lunch Buddy
- Community Services (Food Box)
- Aging Services/Senior Center
- Not sure

What kind of work interests you?

- Sedentary work
- Physical work
- Outdoor work
- Indoor work

Volunteers in the Emergency Food Box Program may be asked to lift and move 20-50 lbs. and climb 15-20 stairs during their volunteer service. Are you aware of any limitations that would hinder your ability to lift 20-50 lbs. or repeatedly climb 15-20 stairs? Yes No

Thanks for your interest in Neighborhood House!
 Questions: call 503-246-1663 x 2117
 FAX 503-245-2819; e-mail volunteers@nhweb.org
 7780 SW Capitol Hwy, Portland, OR 97219

Declaration of Client Confidentiality

I understand that all information about clients, including their names, is confidential client information. Under no circumstances will I disclose or discuss any client information with individuals not affiliated with Neighborhood House, Inc. I understand that client information should be shared with Neighborhood House staff only to the extent necessary to effect services for that client. I further understand that disclosure of information about clients is allowed in summaries, statistical reports, or other forms, which do not identify particular individuals.

Signature

Date

Photo Release

I do ___ / do not ___ grant Neighborhood House, Inc. permission to interview me and/or to publish photographs taken of me, and my name, for use in publicity materials. Publicity materials include, but are not limited to, news releases, publications, videos and web use.

Signature

Date

Volunteer Insurance Coverage

I understand that while acting as a volunteer at Neighborhood House, I am covered for liability for bodily injury and property damage caused to others. If I am hurt, I am responsible for my own medical care. I am not covered by Worker’s Compensation insurance.

Signature

Date

Acknowledgement of Receiving Volunteer Manual

I have received and read the Volunteer Handbook of Neighborhood House, and I have had the opportunity to discuss any of the provisions which I believed needed clarification. I agree to comply with the policies and procedures contained in this Handbook, and in particular, the prohibition against the unlawful manufacture, distribution, dispensation, possession and use of alcohol, drugs and other controlled substances while on Neighborhood House property, or while performing assigned duties off the property. I understand that this Handbook is intended to be a general description of the current policies and procedures related to my volunteer duties, and that it may become necessary for Neighborhood House to change the policies and procedures described in this Handbook from time to time. I also understand that Neighborhood House reserves the right to make the changes without prior notice to me, but that when changes are made, Neighborhood House will make every effort to promptly notify me of the changes.

Signature

Date

Neighborhood House Business and Personal Vehicle Usage by Volunteers

Many volunteers drive agency owned vehicles as part of their volunteer activities or may be using their own vehicles by request of the agency. If they have a negligent accident a lawsuit could name both the business and the volunteer. The agency's vehicle liability insurance is designed to protect the agency and under many circumstances it will cover the volunteer, too. On the other hand, there are situations when a volunteer might not be covered.

Be aware of the following if the volunteer is operating a vehicle as part of their volunteer activities and has a negligent accident:

WITHIN THE SCOPE OF THE VOLUNTEER ACTIVITIES:

If in an agency owned and insured vehicle, the insurance policy for the agency would give protection to the agency and the volunteer.

If operating their own vehicle, the agency and the volunteer would first be covered by the volunteer's insurance. For amount in excess of the volunteer's liability coverage limit, the agency's insurance would protect only the agency.

***No coverage is provided under the agency's insurance policy for damage to the volunteer's vehicle.**

OUTSIDE THE SCOPE OF THE VOLUNTEER ACTIVITIES:

If in an agency owned vehicle, the agency's insurance policy would only protect the agency.

If in their personally owned vehicle, the volunteer would only have protection under their own insurance policy.

***No coverage is provided under the agency's insurance policy for damage to the volunteer's vehicle.**

Those volunteers with such poor driving records that they have been disallowed from using agency vehicles are not to use their personal vehicles to perform any work on behalf of the agency.

Volunteers are encouraged to contact their personal insurance company to let them know they drive as part of their volunteer activities. An endorsement is usually available to extend liability coverage for the use of a vehicle they don't own that is used on a regular and frequent basis. Their insurance company should be aware if they drive their own vehicle during their volunteer activities. It is advised that volunteers using their person vehicles for volunteer activities assume a minimum limit of liability protection of \$500,000.

Volunteer drivers are required to provide proof of personal automobile insurance coverage prior to engaging in volunteer activities requiring driving. Use of a volunteer's personal vehicle should not be permitted whenever possible. If they must be used for business purposes, the driver is subject to the same driving record scrutiny as volunteers driving vehicles owned and insured by the agency.

Under no circumstances is a volunteer to operate and agency owned vehicle outside the scope of the volunteer activities or for personal purposes. Volunteers should not transport agency clients in their personal vehicles.*

**Under specifically approved circumstances, due to Neighborhood House's contract with Ride Connection and its mentoring program, volunteers are permitted to transport clients in the volunteer's personally owned vehicle.*

I have received and read the above policy regarding business and personal vehicle usage. I have had the opportunity to discuss any of the provisions which I believed needed clarification and understand the agency reserves the right to make any changes without prior notice to me, but when changes are made, the agency will make every effort to promptly notify me of the changes.

Signature

Date

Fair Credit Reporting Act Disclosure and Authorization

Disclosure

Neighborhood House when considering your volunteer application, when making a decision whether to offer you a volunteer position, when deciding whether to continue your volunteer work (if you become a volunteer), and when making other related decisions directly affecting you, may wish to obtain and use a "consumer report" about you from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. As a volunteer applicant of Neighborhood House you are a "consumer" with rights under FCRA.

A "consumer reporting agency" is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers, including credit reports or criminal records, for the purpose of furnishing "consumer reports" to others, such as Neighborhood House.

A "consumer report" is any written, oral, or other communication of any information by a "consumer reporting agency" bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for volunteering purposes.

If Neighborhood House obtains a "consumer report" about you, and if the agency considers any information in the "consumer report" when making a decision about your volunteer work that directly and adversely affects you, you will be provided with a copy of the "consumer report" before the decision is finalized. You also may contact the Federal Trade Commission about your rights under FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies."

Authorization

By signing below, I (PRINT NAME), _____, hereby voluntarily authorize Neighborhood House to obtain a "consumer report" about me from a "consumer reporting agency" and to consider that report when making decisions regarding my volunteer work at the agency. I understand that I have rights under the FCRA, including the rights discussed above.

Signature

Date

Please complete the following section after you have met with or talked with a Neighborhood House staff member. Thank you!

Criminal Records Disclosure

Neighborhood House routinely requests volunteers permit a criminal history background check as a condition of volunteer participation. Have you ever been convicted of a crime involving child abuse, sexual abuse, neglect, elder abuse, or identity theft or any violent felony? Conviction of a crime does not necessarily disqualify an applicant from volunteer opportunities.

Yes _____ No _____

If so, please explain _____

By signing below, I (PRINT NAME), _____, hereby voluntarily authorize Neighborhood House to obtain a “consumer report” about me from a “consumer reporting agency” and to consider that report when making decisions regarding my volunteer work or potential volunteering. I have been given the opportunity to review and sign the agency’s Fair Credit Reporting Act (FCRA) Disclosure and Authorization and understand I have rights under FCRA.

Use of date of birth is for identification purposes only. Neighborhood House, Inc. does not discriminate on the basis of race, color, religion, sex, national origin, age, sexual orientation, marital or veteran status, disability, or any other legally protected status.

FULL LEGAL NAME _____
First Middle Last

BIRTH NAME _____
First Middle Last

ALL OTHER NAMES USED _____

ADDRESS _____
Street City State Zip

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

List all states you have resided in and during what year(s):

Have you ever worked or attended schools under any other name?

Yes _____ No _____

SIGNATURE _____ **DATE** _____