



VOLUNTEER APPLICATION

Please fill out completely and sign. Return to the Day Center at 5030 SE Hwy 101, or email christina.hannahs.fplc@gmail.com, or give to a committee chair/board member. Mailing Address: PO Box 1146, Gleneden Beach, OR 97388; Day Center/Office: 541-614-0964

Applicant's Legal Name: _____ / _____
(last) (middle) (first) (name you go by)

Address: _____ City/State/Zip: _____

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: _____

Relationship: _____ Phone: _____

Reference: (not a family member)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

VOLUNTEER PROFILE

TRAINING AND SKILLS: Highest Level of High School: _____ Highest Level of College: _____

Other Vocational/Technical/Professional Training: _____

Special Interests/Hobbies: _____

Skills: Computer _____ Signing _____ Foreign Language _____ Which Language _____

Financial _____ Teaching _____ Coaching _____ Other: _____

How did you learn about Volunteer Opportunities with FPLC?

Friend/Family (name): _____ Event (which): _____

Congregation (name): _____ FPLC Website/Facebook: _____

Another Organization (which): _____ Other: _____

AVAILABILITY:

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____ AM _____ PM _____
Frequency: Regularly _____ Occassionally _____ Specifics: _____

(PLEASE COMPLETE PAGE 2)

Applicant's Name: _____
(last) (middle) (first)

What type of Volunteer Service are you interested in? (Check all that apply)

Working with: Children____ Adults____ Families____

Teaching____ Public Relations____ Office/Clerical____ Fundraising____ Events____ Van
Driver____ Odd Jobs____ Committee____ Board____ Transportation____ Overnights____
Meals____

How do you prefer to work?: Independently____ With one or two others____ In a group____
No preference____

Is there any other information you would like to share with us that will help in selecting an appropriate
volunteer position (ex. "would not like to be on my feet the whole time", etc...):

How do you hope to benefit from your volunteer experience?:

Confidentiality Agreement

I, _____, acknowledge that during my work with Family Promise of Lincoln
County, I will have access to and learn facts about individuals that are staying in the program. All
information pertaining to these guests, including but not limited to, name, SSN, race, monetary status,
marital status, and all information pertaining to any children in the program must be kept highly
confidential. By signing this agreement I understand and agree not to discuss or disclose any
information pertaining to persons staying within the care of Family Promise of Lincoln County, now or
in the future.

I hereby agree and recognize my responsibility to hold all information in confidence pertaining to
guests in the Network Program.

THANK YOU for completing and returning this application. All of the information on this form is
considered confidential. Please read and sign the following statement before returning the application.

I, making this application for volunteer service to Family Promise of Lincoln County (FPLC), express
my understanding that all associates of FPLC, **volunteer and employed**, are bound by the regulations,
policies, procedures, and laws that govern FPLC. I certify that all information provided on this
application is true and compete. I give my permission to FPLC staff to contact my listed references and
the organizations listed in my experience section.

I give FPLC permission to use my photograph, voice, or image, with or without my name, both
singly and in conjunction with other persons or objects for publicity or recruitment purposes.

SIGNATURE

DATE

Building community, strengthening lives.