



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: ____ / ____ / ____

Youth (Under 18) Volunteer Application

(Please print clearly!)

Volunteer Name: _____ Date: _____
First Middle Last

Parent/ Guardian: _____
First Middle Last

Parent/ Guardian: _____
First Middle Last

Mailing address: _____
Street City Zip

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

E-mail: _____

I am over 18-years of age . Yes No

If yes, you must complete a background check.

If no, please have your parent or guardian complete and sign the youth volunteer release form.

School: _____ Employer: _____

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: _____

Cell 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"/> Marketing | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Drawing |
| <input type="checkbox"/> Language Fluency:
_____ | <input type="checkbox"/> Childcare | <input type="checkbox"/> Graphic art |
| <input type="checkbox"/> Organizing | <input type="checkbox"/> Coaching
Sport: _____ | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Word Processing | <input type="checkbox"/> Tutoring
Subject: _____ | <input type="checkbox"/> Communications |
| | | <input type="checkbox"/> Photography |

INTERESTS & PREFERENCES

- | | | |
|--|---|--|
| <p>What population would you like to serve?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Children (ages 0-5) <input type="checkbox"/> Youth (ages 6-18) <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Families | <p>Program Interest:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parenting Program <input type="checkbox"/> Head Start <input type="checkbox"/> Youth & Family Services <input type="checkbox"/> Food Pantry <input type="checkbox"/> Senior Center <input type="checkbox"/> Administrative Work <input type="checkbox"/> Not sure | <p>What kind of work interests you?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Sedentary work <input type="checkbox"/> Physical work <input type="checkbox"/> Outdoor work <input type="checkbox"/> Indoor work <input type="checkbox"/> Gardening |
|--|---|--|

Volunteers in the Youth Summer Programs may be asked to lift and move 20-50 lbs., assist clients with mobility issues, and participate in sporting activities during their volunteer service. Are you aware of any limitations that would hinder your ability to complete these tasks? 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

YOUTH VOLUNTEER RELEASE FORM

Parent/ Guardian of Youth Volunteers under 18 years of age, please complete and sign the following pages. Youth volunteers will not be allowed to begin volunteering until completed forms are returned to NH staff.

I authorize my child, _____, to volunteer for Neighborhood House in the _____ program. I am aware of the scope of activities my child will be participating in during his/her volunteer experience and have reason to believe he/she can complete the tasks assigned to him/her and participate fully.

I agree to support my child's volunteer efforts by (please initial):

_____ Discussing the importance of volunteer work, especially with vulnerable populations, and its impact on the populations served;

_____ Reviewing the Neighborhood House volunteer manual and supporting program guidelines to ensure my child will knowledgably comply with all policies and procedures;

_____ Discuss with my child expectations for appropriate behavior while volunteering and as a visible representative of Neighborhood House and its services. These expectations include, but are not limited to, respect for all individuals and property, demonstrating responsible behavior, following all policies, guidelines, and local and federal laws.

Parent/ Guardian signature

Date

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.

Volunteer Signature Parent/Guardian signature Date

Photo Release

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

Volunteer Signature Parent/Guardian signature Date

Volunteer Insurance Coverage

I understand that while acting as a volunteer at Neighborhood House, I/ my child is covered for liability for bodily injury and property damage caused to others. If I am/ my child is injured during the course of volunteer activities, I am responsible for providing medical insurance and medical care. Volunteers are not covered by Worker’s Compensation insurance or any other agency sponsored medical plan.

Volunteer Signature Parent/Guardian 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.

Volunteer Signature Date