



## VOLUNTEER APPLICATION

Applicant Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

Personal E-mail Address: \_\_\_\_\_

Work/School E-Mail Address: \_\_\_\_\_

Occupation/School: \_\_\_\_\_

List languages other than English: Speak \_\_\_\_\_ Read/Write \_\_\_\_\_

Are there any accommodations needed from Henderson House to support you to be successful as a volunteer?  
If yes, please explain:

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Do you have special certifications, skills, training or education you would like us to know about?

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Why do you want to volunteer at Henderson House?

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Are your volunteer service hours required by your school, an internship program or through another program?

If so, how many hours are required? \_\_\_\_\_ By what date? \_\_\_\_\_

### References

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_



## VOLUNTEER APPLICATION

### Volunteer Interest Areas (please check all that apply)

*\*Requires 40-hour Core Advocacy Training*

|                          |   |                          |                                  |
|--------------------------|---|--------------------------|----------------------------------|
| <input type="checkbox"/> | Crisis Line Response Advocate*            | <input type="checkbox"/> | Social Media Specialist          |
| <input type="checkbox"/> | Court Advocate*                           | <input type="checkbox"/> | Facilities/Grounds Maintenance   |
| <input type="checkbox"/> | Support Group Co-Facilitator*             | <input type="checkbox"/> | Reception/Administrative Support |
| <input type="checkbox"/> | Art Workshop Facilitator*                 | <input type="checkbox"/> | Special Projects/Events          |
| <input type="checkbox"/> | Art Supplies Organizer                    | <input type="checkbox"/> | Donations Sorter                 |
| <input type="checkbox"/> | Transcribe Documents – English to Spanish | <input type="checkbox"/> | Other:                           |

### Availability (please check boxes to mark your availability/preferred times to volunteer)

| Day/Time  | SUN.                     | MON.                     | TUES.                    | WED.                     | THURS.                   | FRI.                     | SAT.                     |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morning   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ I understand I will be required to complete and pass an Oregon Criminal History check. (Please complete Request for Oregon Criminal History Information). I further understand, the Volunteer Coordinator or Executive Director has the right and responsibility to deny my application or may ask me to resign my volunteer/intern/practicum/community service position due to violent history or other behaviors that run contrary to the mission of HH.

☐ I understand I will be working with HH as a volunteer/intern/practicum student and do not hold the organization, any volunteer, or staff member responsible for accident or injury.

☐ I understand I will be required to attend monthly training/volunteer meetings.

☐ I understand I am NEVER to share the location of HH Emergency Shelter or information about HH clients outside of authorized HH staff.

☐ I hereby acknowledge everything I have disclosed in this application is true to the best of my knowledge. I give Henderson House permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. An electronic copy, photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm all information completed within this form is true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (If under 16)

\_\_\_\_\_  
Date

Please send your completed application to Volunteer Coordinator Trudy Siderius: [tsiderius@hendersonhouse.org](mailto:tsiderius@hendersonhouse.org)