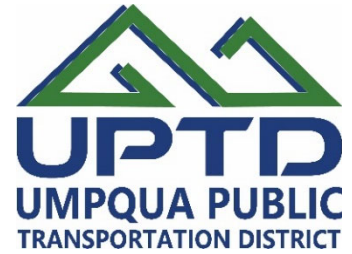


Volunteer Application

3076 NE Diamond Lake Blvd, Roseburg, OR 97470
 Phone (541) 671-3691 Fax (541) 229-0036



Applicant Information	
	Date: _____
Full Name: _____	
<i>Last</i>	<i>First</i> <i>M.I.</i>
Past Names: _____	
Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Address: _____	
<i>Street Address</i>	<i>Apt/Unit #</i>
<i>City</i>	<i>State</i> <i>ZIP Code</i>
Mailing Address (if different) _____	
<i>City</i>	<i>State</i> <i>ZIP Code</i>
Home Phone: _____	Email: _____
Cell Phone: _____	Do you have a valid Oregon Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/>
	Do you have vehicle insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>
Past/Present Occupation: _____	
Past/Present Volunteer Experience: _____	
<input type="checkbox"/> Children <input type="checkbox"/> Teenagers <input type="checkbox"/> Young Adults	
I would enjoy helping (check all that apply) <input type="checkbox"/> Seniors <input type="checkbox"/> Veterans <input type="checkbox"/> People w/Disabilities	
<input type="checkbox"/> No Preference	
I prefer to work (check all that apply) <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends	
<input type="checkbox"/> Seasonal/Snowbird	

What languages do you speak besides English?

Emergency Contact Information

Name:	Phone:	Relationship:

References

Full Name: _____	Years Known: _____
Company: _____	Phone: _____
Email: _____	

Full Name: _____	Years Known: _____
Company: _____	Phone: _____
Email: _____	

Full Name: _____	Years Known: _____
Company: _____	Phone: _____
Email: _____	

Disclaimer and Signature

By signing this registration form, I consent to authorize UPTD to conduct a review of any information provided, which may include criminal history, DMV check or other screening that is pertinent to the volunteer activity in which I wish to be placed. Volunteer status through UPTD may be dissolved at any time, at the request of either party.

Signature: _____ Date: _____