



PO Box 714 Sherwood, OR 97140
 Tel: 503-620-8288
 Fax: 503-968-6218
www.quietwatersoutreach.org
info@quietwatersoutreach.org

VOLUNTEER APPLICATION

So you've decided to volunteer! We are so glad to have you join our team in serving families and caregivers of people with developmental disabilities, and we want to thank you for sharing your time and talents to help make this ministry possible. After you have completed and signed the application, please return it to us. We will contact you after we have reviewed your application. Thank you for your interest in serving others through QWO!

Full Legal Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

E-mail Address: _____ Date of Birth: _____

Area(s) of Interest (please mark all that apply):

Treasure Nights
 Event Planning
 Leadership/Board Member
 Handyman Projects
 Prayer Team
 Social Activities with Guests
 PR/Media/Website
 Family Support
 Fundraising
 Office Work

In case of an emergency, please contact: Name: _____ Phone: _____

Do you use illegal drugs? Yes No

Have you ever been convicted of a criminal offense? Yes Date _____ No

Have you ever been charged with neglect, abuse or assault? Yes Date _____ No

Has your driver's license ever been suspended or revoked in any state? Yes Date _____ No

Have you lived outside the State of Oregon anytime during the last 3 years? Yes Place _____ No

(Please attach an explanation if you answered "yes" to any of the above questions.)

Please give us two non-family references:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1. _____	_____	_____
2. _____	_____	_____

CONSENT FOR CRIMINAL BACKGROUND CHECK

In order to protect the individuals we serve, QWO does a background check on volunteers or others who may have contact with our clients. Your signature on the line below authorizes QWO to obtain information about you (if applicable) from the Federal Bureau of Investigation, the Oregon State Police and other law enforcement agencies, courts and record sources.

Applicant's Signature: "I have reviewed and completed the front side of this application as applicable to me. I give permission for QWO to verify any or all information I have provided. By my signature, I acknowledge that all the information provided on the front of this application, and any attachments thereto, is true and accurate. I also understand that in the course of volunteering for QWO, I may be dealing with confidential information and I agree to keep said information in the strictest confidence."

IF YOU WILL BE PROVIDING TRANSPORTATION FOR ANY OF QUIET WATERS OUTREACH'S PROGRAMS, PLEASE CONTACT OUR OFFICE DIRECTLY SO WE CAN BEGIN THE PROCESS OF A DRIVING HISTORY CHECK.

Signature: _____

Date: _____