Division Midway Alliance
For Community Improvement

Name _____ Address_____

Phone _____ cell _____ email _____

Work location_____phone _____

In case of emergency contact _____

My Interests and skills include

___ neighborhood clean up ____ website assist. ____office support ____ driving
___ neighborhood beautification____ computer work ____technical skills ___ labor
___ planting, or gardening _____marketing ____fundraising ___ woodwork
____cooking _____safety ____landscaping ___ food services
___ artistic abilities _____ entertainment ____special events ___committee

Please describe any special abilities, interests and ways you would like to be involved.

_____
_____
_____
_____

Volunteer & Employment Experience (use other side if more room is needed)

_____
_____
_____
_____

What type of time are you able to volunteer?

_____ short term as projects arise ____ one time only ____ occasionally
_____ long term ongoing project ____ specific project____ hrs per week
_____committee work ____day time _____evening ____weekends

What kind of volunteer work do you enjoy the most?

_____
_____

How did you hear about us?
_____

Please provide two personal references
1. name_____ phone number _____
2. name_____ phone number _____

If a volunteer position requires a background check, you will be contacted for further information.

If you have any special request that would assure that your work with us is safe please let us know: _____
_____

Age if under 21 _____ Birthday _____Do you drive?_____
What transportation do you use? _____

I agree to allow photo's taken during my volunteer work to be used by the Division Midway Alliance for promotional purposes in written materials, and on our website or facebook page.
_____signature
_____comments

All information on this application is true to the best of my knowledge. I release, indemnify and hold harmless Division Midway Alliance, its officers, agents and employees from any and all claims, actions and demands that may arise from my actions as a volunteer. I also understand that my volunteer involvement can be terminated at the discretion of the agency at any time. I understand that if I use my personal vehicle to and from my volunteer position, that I am agreeing to keep in effect automobile liability insurance equal to or greater than the minimum required by the state of Oregon. (If volunteer is under 18 years of age, signature of parent or guardian is required.)

Signature _____Date_____
Signature of Parent _____

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