



## Individual Volunteer Application

**Please Print!**

**Full name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Last) (First) (Middle)

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_ **Fax :** (\_\_\_\_) \_\_\_\_\_

**NOTE: Under the age of 18 requires a parent/guardian signature.**

**Highest Level of Education Completed:** (Years) \_\_\_\_\_

### Previous Volunteer Experience:

Name of Organization	Type of Experience	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Employed as a/an:** \_\_\_\_\_

**Hobbies/Special Talents/Skills:** \_\_\_\_\_

### Volunteer Work Objectives (Check All That Apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Learn new skills          | <input type="checkbox"/> Explore careers    | <input type="checkbox"/> Use existing skills |
| <input type="checkbox"/> Meet and work with people | <input type="checkbox"/> Help and community | <input type="checkbox"/> Other: _____        |

### Volunteer Opportunities (Check All That Apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Help with special events | <input type="checkbox"/> Fundraising      | <input type="checkbox"/> Activity Towards Enrichment |
| <input type="checkbox"/> Serve on a committee     | <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Computer/Clerical           |
| <input type="checkbox"/> Community relations      | <input type="checkbox"/> Newsletter       | <input type="checkbox"/> Other: _____                |

### Time Commitment and Availability – volunteer hours are 8:30 to 2PM:

Number of hours per week: \_\_\_\_\_

Day(s) Available: (Circle) Monday Tuesday Wednesday Thursday Friday Saturday

Time(s) Available: (Circle) Morning Afternoon Evening

Volunteer time commitment: \_\_\_\_\_ 3 Months \_\_\_\_\_ 6 Months \_\_\_\_\_ 1 Year \_\_\_\_\_ Indefinitely

What type of schedule would be best for you? \_\_\_\_\_

**How did you hear about Exceed Enterprises?** \_\_\_\_\_

**In case of emergency notify:** \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Do you have any family member working at Exceed Enterprises, including consumers?** \_\_\_ Yes \_\_\_ No

**Have you ever been convicted of a felony?** \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

*(All applicants will be subject to a criminal history check. Conviction of a crime is not an automatic bar to volunteering. Factors such as the age of the offense, the seriousness and nature of the violation and rehabilitation will be considered.)*

**RERERENCES:**

(Name)	(Address)	(City, State, Zip)	(Phone)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

I hereby certify that the facts set forth in this initial application are true and complete to the best of my knowledge. I understand that discovery or falsification of any statement or significant omission of fact may prevent me from obtaining a volunteer position or may subject me to immediate dismissal from that position.

I authorize Exceed Enterprises to verify all data given in my application and my oral interview from the personal references listed in this application. I understand that Exceed Enterprises is a drug free workplace and that my volunteer services are subject to the satisfactory results of a mandatory chemical screen test and a criminal history check. I have carefully read and do understand the above statements.

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian *(If applicant is under 18 years of age)*

\_\_\_\_\_  
Date

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Fax: (503) 652-0458

[www.ExceedPDX.com](http://www.ExceedPDX.com)

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