

Name: _____



Volunteers are essential to the longevity and success of our program and we sincerely appreciate your interest in volunteering.

Our agency strives to treat each of our volunteers with respect and dignity, just as we do our paid staff. Please read the following carefully to determine if you qualify as a volunteer at Maslow Project.

We hope to be able to accommodate your interest, however please be advised:

General Volunteer Requirements:

- Consistent and reliable shifts
- Fulfill 3 hour blocks of work at a time (negotiable)
- 50 hour trial period, followed by a review
- Continuous communication between yourself and volunteer coordinator
- Respect for our staff, other volunteers, and most importantly our clients
- Confidentiality agreement

As a volunteer you will also be expected to represent Maslow Project in the public eye just as any of our paid staff do. Any illegal actions or actions against Maslow Policies and Procedures committed while volunteering with Maslow Project will result in an instant termination with our program.

Please Note:

Due to the vulnerability of the clients we serve, we are unable to accommodate every volunteer inquiry that is submitted. We cannot guarantee any volunteers direct contact with clients; if you are seeking an opportunity working with clients one-on-one in a social service setting, we encourage you to seek possible opportunities with other agencies.

If you are an intern, or practicum student we ask that you share with us your project idea and class requirements.

If you would like to create a new special project, please ask to fill out the "Special Program Proposal".

Our Process:

Once your application is submitted, you will receive a phone call from our volunteer coordinator. You may then be scheduled for a brief in person interview with the volunteer coordinator, especially if you hope to work directly with youth. After, that we will check references and run a background check, and then be in touch with you. Please note this process can take up to 2-3 weeks. Volunteer opportunities can fill up and we may not be able to place you, but we will let you know and keep your application on file for future positions.



Thank you for your desire to help our kids!

Volunteer Opportunities can include, but are not limited to:

Please mark categories and sub-areas of interest to you.

- Food Pantry Organization (on-site)**
 - Sort donated food
 - rotate food from boxes to shelf
 - check expiration dates
 - dispose outdated food/dented cans
 - replenish bags
 - inventory pantry
- Clothing closet**
 - Keep organized, hung, folded, sized
 - Make sure clothing is appropriate
 - Mend/repair minor problems (buttons, strings, tags)
 - Count items and give tag
 - Clean area (wipe mirror, vacuum, wash clothes as needed)
 - Remove empty hangers
 - Dispose broken hangers
- Administrative**
 - Filing
 - Shredding
 - Data Entry
 - Printing/copying/replenishing forms
 - Replenish brochures
 - Thank you cards
- Special skills/trades/labor**
 - Bike repair
 - Computer Repair/IT support
 - Car repair
 - Office Equipment repair
 - Building repair
 - Web Design/ Graphic
- Lobby/ Reception**
 - Greet clients
 - Assist w/basic needs: hygiene, diapers, socks/undies
 - Replenish snacks/frozen heat-n-serve foods
 - Take out garbage/recycling as needed
 - Wipe surfaces/windows
- Event Staff**
 - Holiday Gift Santa's Elves and Reindeer
 - Wrapping, delivering, shopping
 - Fundraisers
 - Advertising
 - Decorations
 - Food/Beverage
 - Set-up
 - Work the event (handle cash, sign-in etc.)
 - Clean-up
 - Thank you cards
 - Special Event
 - Harm Reduction
 - Back to school BBQ
 - School Supply Drive
 - Outing/Special Occasion
- Club or Organization Support**
 - Financial Pledge
 - Mentoring
 - Sponsoring
 - Clothing/Hygiene/Food drive
 - Seminars, classes, workshop

Art Program

- Organizing
- Help during Classes
- Create new Classes

Other

- Special Projects (Ask for and Fill out special request form)
- Tutoring
- Life Skills
- Employment Skills

Interns Only

If you are a community volunteer, please skip this question.

If you are an intern for school or job related, please be sure to circle that in the information piece below this. At this time please give a brief description of what requirements you must fulfill while being an intern with us.

Returning this Application to Us

Once you have completed your volunteer application you can return it to us in the following ways:

- Scan and email it to us at volunteer@maslowproject.com
- Mail it back to: 500 Monroe Street, Medford, OR 97501
- Drop it off at the address above

Contact Information:

Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Mailing Address: _____

Type of Volunteer (Circle One): School Intern: High School, College, Job Related
Or Community volunteer

Please take a few moments to let us know why you are interested in volunteering for Maslow Project!

How did you hear about us? _____

What are you hoping to gain from volunteering with us?

Why do you believe that you are a good fit for volunteering at Maslow Project?

What day(s) and times, Monday-Friday 9 am -5 pm, are you available to volunteer?

Will you be able to commit to a time block of at least a solid 3 hours, one day per week? If not, please explain why. Not applicable for special events/ purposes.

References

Please list three references over the age of 18 that we may contact. Please supply one professional and one personal reference and the other of your choice. For personal references, please do not list immediate family members (spouse, partner, parent, child, or sibling).

Name:

Phone Number:

Years Known:

How this person knows you (please denote personal or professional):

Name:

Phone Number:

Years Known:

How this person knows you (please denote personal or professional):

Name:

Phone Number:

Years Known:

How this person knows you (please denote personal or professional):



CONFIDENTIALITY AGREEMENT

As a volunteer at Maslow Project, I understand that confidentiality is the cornerstone of a trusting relationship between a volunteer and client. I understand that I may have access to personal information concerning a client, which should be held with the highest regard.

I agree never to release names, addresses, phone numbers, or any other information that may identify the client to anyone except the volunteer program staff, unless authorized by the client.

I have read and understand the above confidentiality statement and hereby agree to abide by this rule. I understand that failure to do so may result in my being denied the opportunity to volunteer.

Printed Name: _____

Signature: _____

Date: _____

CRIMINAL HISTORY VERIFICATION OF APPLICANTS

Please type or print clearly.

As Appears on License

Name: _____ Date of Birth: _____ Sex: _____
(Last Name) (First Name) (Middle Name) MM/DD/YY

List Other Names Previously Used: _____
(includes Maiden Name)

Social Security No.: _____ Driver License/Identification Card No.: _____
Providing your social security number on this form is voluntary. If you choose not to disclose the social security number, this will not be a basis for denial of employment or any rights, services or benefits to which you are otherwise entitled. If you do provide the number the Oregon State Police will use it as an additional identifier to search for any criminal record you may have. Your social security number will be used as stated above. State and federal laws protect the privacy of your records. Non-disclosure of social security number restricts volunteer opportunities at our drop-in center during operational hours.

Mailing Address: _____
Full Street Address/Post Office Box
City: _____ State: _____ Zip + 4: _____

- A. Have you **EVER** been convicted of a sex-related crime? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
If yes, did the crime involve force or minors? Yes No
- B. Have you **EVER** been convicted of a crime involving violence or threat of violence? Yes No If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
- C. Have you **EVER** been convicted of a crime involving criminal activity in drugs or alcoholic beverages? Yes No
If yes, was the conviction in Oregon or another state? (Please specify if another state.) State: _____
- D. Have you **EVER** been convicted of any other crime except a minor traffic violation? (Includes Traffic Crimes) Yes No
- E. Have you been arrested within the last three years for a crime for which there has not yet been an acquittal or dismissal? Yes No

Advisory: A check of the applicant's criminal history will be made by the Oregon Department of Education to verify the responses to the preceding questions.

I hereby grant to the Oregon Department of Education permission to check civil or criminal records to verify any statement made on this form. Regardless of whether the applicant grants consent, the Oregon Department of Education will conduct a criminal offender record check of applicants for the position of school bus driver, volunteer, or other prospective school employees working with or around children. The applicant is entitled to review his/her criminal history for inaccurate or incomplete information. Discrimination by an employer on the basis of arrest records alone may violate federal civil rights law. The applicant may obtain further information concerning the applicant's rights by contacting the Bureau of Labor and Industries, Civil Rights Division, State Office Building, Suite 1070, Portland, Oregon 97232, telephone (503) 731-4075.

I acknowledge reading and the receipt of this notice.

Applicant's Signature: _____ Date: _____

**To: All Employment Applicants, Interns, Practicum Students and
Volunteers not subject to fingerprint based criminal record checks**

Please complete the Oregon Department of Education Criminal History verification form on reverse side (581-2282-M (Rev 9/09) and submit it with the materials requested in your position vacancy announcement if an applicant for a position. Practicum students, Interns, Temporary Employees, Volunteers and Substitutes should return this form to the department that provided the form for completion. In signing and submitting the form you are certifying that the form contains no misrepresentation or falsification and that the information given is true and complete to the best of your knowledge and belief. Further your signature verifies that you understand that misrepresentation or omission of facts asked for on the criminal history verification form is cause for rejection of your application or dismissal from employment/assignment, and grants authorization to Multnomah Education Service District to make any necessary investigation to verify the information contained therein. A check for criminal record will not be made unless you are recommended for employment or assignment. The fee for the criminal record check is as indicated below. If you have any questions regarding this form, please call 503-255-1841.

Please know that if the information below is incomplete, this form will not be processed.

NAME: _____ PHONE NO: _____

DEPARTMENT: _____

CHECK ONLY ONE include name of position:

Permanent _____ Temporary _____

Substitute _____ Volunteer _____

Practicum _____ Intern _____

Parent Volunteer: Date _____ Child's School _____

Category of Employment	Fee for Clearance	Time of Collection
Permanent Employment	8.00	Deducted from first paycheck
Substitute Employment	8.00	At time of acceptance of offer
Temporary Employment	8.00	At time of acceptance of offer
Intern	No Charge	
Practicum Student	No Charge	
Volunteer/Parent Volunteer	No Charge	