



Village Without Walls Volunteer Application

Name _____ M F

Address _____
Street City Zip

Phone: Cell _____: text OK Home _____

Email _____

Emergency Contacts

If you were to experience an emergency while volunteering, whom should we contact?
Please write clearly!

Name _____ Relationship _____

Phone / email _____

Name _____ Relationship _____

Phone / email _____

Skills and Experience

Have you worked with older adults in the past? Please describe.

Do you have professional certifications/licenses or previous volunteer skills/experience you would like to contribute in your volunteer capacity? (Not required to volunteer)

Do you currently volunteer for other organizations? Which ones and in what capacity?



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HOW YOU WOULD LIKE TO ASSIST VILLAGE WITHOUT WALLS?

Check all that interests you in either or both categories

Category A. VILLAGE SUPPORT

--work with other Village Without Walls volunteers to make our Village a lasting presence in our communities.

What types of work would you be interested in doing, more or less “behind the scenes,” to keep our village viable and strong? If you would like more information on what any of these groups do, contact the VWW office by e-mail at vwwvolunteer@gmail.com or by phone at (503) 207-8729 for the answers.

- | | |
|---|--|
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Marketing Team |
| <input type="checkbox"/> Event and Activity Planning Team | <input type="checkbox"/> Membership Team |
| <input type="checkbox"/> Technology Team | <input type="checkbox"/> Resource/Finance/Fundraising Team |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Writing/editing | <input type="checkbox"/> Screened Vendor Team |
| <input type="checkbox"/> Office staff | <input type="checkbox"/> Schedulers Team |
| <input type="checkbox"/> Volunteer Team | <input type="checkbox"/> Other? _____ |

See next page for DIRECT SERVICE TO MEMBERS volunteer opportunities.



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Category B. MEMBER SUPPORT—DIRECT SERVICE

--work one-on-one with Village Without Walls members—

What tasks would you be interested in providing to our members? ***Check all categories you might be willing to do.*** This provides the most flexibility both for you and for the office to send service requests. You may always decline a request if the specific task is unappealing.

Transportation:

NOTE: If you volunteer to be a driver, additional training is required. You will also need to complete the Driver Application.

- Rides to airport or longer distances
- Rides to appointments, shopping, events

Help around the House:

- Light housekeeping
- Light indoor maintenance or repair work
- Light paperwork assistance, organization
- Light outdoor maintenance or repair work
- Occasional yard and garden care

Personal Support:

- Personal support
- Pet care
- Sewing, mending

Technology Help:

- Phone, tablet, PC
-
-
-
-
- Other electronics



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Times you are usually available to perform Direct Service

Mark the times you expect to be **AVAILABLE**. This provides the most flexibility both for you and for the office to send service requests. You may always decline a service request if it doesn't fit your schedule.

	MON	TUE	WED	THU	FRI	SAT	SUN
Morning: 8AM – 11AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mid-day: 11AM – 2PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon: 2PM – 5PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening: 5PM – 8PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night: 8PM – 10PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I am willing to be on call to receive requests during my non-available times as backup if another volunteer is not available.

Comments _____

Do you have any physical considerations that would affect the type of assignment you are comfortable with, e.g., limited ability to lift objects, pet allergies, sensitivity to tobacco smoke, mobility issues, etc.?

Comments _____

References

Please list the names and contact information of two people (non-relatives) who have known you for at least two years.

Name _____ Relationship _____

Phone or email _____

Name _____ Relationship _____

Phone or email _____



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Photo Release

Village Without Walls has many events and activities and we like to share photographs and videos from these events. By checking here, you give your consent for the Village and Villages NW to use your photograph and likeness in our publications and on our websites.

I give consent

I do not give consent

Volunteer Screening

All volunteers who provide direct services to members or have access to personal, confidential or proprietary information must complete a Level 3 criminal background check and sign a confidentiality agreement. Should you choose not to have a background check, you may help with tasks that do not involve direct service or handling confidential information.

Volunteer Agreement

I understand that Village Without Walls may request a **background check** of my records as part of their screening process. If I drive for Village Without Walls, I understand that my motor vehicle record will be monitored during my time as an approved driver. To the best of my knowledge, the above information is correct.

Signature of Volunteer _____

Printed Name: _____

Date: _____

All Volunteers..... Sign, date, and return to:
Village Without Walls
1333 NE Orenco Station Pkwy
Hillsboro OR 97124