



# VOLUNTEER APPLICATION & AGREEMENT

Thank you for your interest in volunteering with Coastline Neighbors. We ask all our volunteers to complete this application. The information provided on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

## Contact Information

Name \_\_\_\_\_ Gender ID  Male  Female

Birthdate \_\_\_\_\_ Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Physical Address \_\_\_\_\_  
\_\_\_\_\_

Name of your auto insurance company  
(a copy will need to be presented at orientation/training):  
\_\_\_\_\_

What is the best way to contact you:  email  phone  mail?

Do you have pet allergies?  Yes  No

In addition to being a volunteer will you join as a member also?  Yes  No

## Person To Notify In Case Of Emergency

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## How Are You Interested In Volunteering?

Volunteers will help members with tasks that you might ask a neighbor to do. Volunteers are not substitutes for regular paid professionals.

### Transportation

Errands  Appointments  Evenings  Local  Medford  
 Coos Bay  Crescent City  Roseburg

### Maintenance

Handyman  Occasional Yard Help

### Member Contact

Check-in Calls  Social Visits

### Tech Support

TV Remote  Email  PCs  Networks  Electronic Gadgets

### Support

Light Housekeeping  Occasional Pet care  Change bed sheets  Help Organizing closets

### Administration

Call Manager  Photographer  Social Media  Website  
 Fundraising

### Other (please describe)

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## When would you generally be available?

Monday	<input type="checkbox"/> Anytime	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Tuesday	<input type="checkbox"/> Anytime	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Wednesday	<input type="checkbox"/> Anytime	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Thursday	<input type="checkbox"/> Anytime	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Friday	<input type="checkbox"/> Anytime	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Saturday	<input type="checkbox"/> Anytime	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Sunday	<input type="checkbox"/> Anytime	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings

## Contact Method For Unfilled Service Needs:

Volunteers sign up online for services they wish to provide. This can be done as far in advance as they wish. However, if no one has volunteered to fill a Member's request four days prior to the need, an email will be sent to a few volunteers to see if they

would be able to help. If the need is still unfilled two days in advance, telephone calls will be made to volunteers to ask for their help.

**When services are needed that are not filled by online sign-up what is your preference?**

- I am willing to be called
- Call me only if you are desperate.
- Don't call. Send an email.
- Don't contact me. I will sign up online only.

**Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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**Previous Volunteer Experience**

Summarize your previous volunteer experience.

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**Background Checks**

For everyone's safety, all members and volunteers aged 18 and over will be required to have a background check done by Verified Volunteers. All volunteers must complete an online background check. A trained volunteer can help if desired. This requires the confidential use of your social security number. If using online assistance, the screen will be set for individuals to confidentially enter their social security number. Coastline Neighbors will not keep volunteers' social security numbers on file. Verified Volunteers uses social security numbers only to process background checks and not to identify individuals for reporting purposes. Verified Volunteers will not share/use personal information with 3rd parties or for marketing.

For further information on Background Checks, see [verifiedvolunteers.com](http://verifiedvolunteers.com)

## Confidentiality Agreement and Liability Waiver

Please read the following information carefully.

### Confidentiality:

I agree to protect the confidentiality of all information pertaining to any Coastline Neighbors member, non-member or other volunteer or client associated with Coastline Neighbors. Your signature below acknowledges your agreement to adhere to this confidentiality policy.

### Liability Waiver:

I acknowledge that as a volunteer, I am not an employee of Coastline Neighbors and understand that I will not be paid for any work I perform. I consent and agree to assume all responsibility for any and all risks or events of damage or injury that may occur in the course of my volunteer work and that I am volunteering at my own risk. I fully and forever release and discharge Coastline Neighbors, its officers, employees, agents and successors from any loss, cost, damages, or other liability which I may incur in the course of my volunteer work. Your signature below acknowledges your acceptance of this liability waiver.

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this application form and for your interest in volunteering with Coastline Neighbors. Additional applications can be obtained on the website at [coastlineneighbors.org](http://coastlineneighbors.org) or by calling 541-207-1366. Please mail your application to:

Coastline Neighbors  
PO Box 7381  
Brookings, OR 97415

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FOR OFFICE USE, ONLY (date completed and initialed)

Received \_\_\_\_\_

Reviewed \_\_\_\_\_

Interview \_\_\_\_\_

Background Check \_\_\_\_\_

Approved \_\_\_\_\_

System Input \_\_\_\_\_