



VOLUNTEER APPLICATION & AGREEMENT

Thank you for your interest in volunteering with Coastline Neighbors. We ask all our volunteers to complete this application, even if you are volunteering to help exclusively during the Coronavirus (COVID19) Pandemic. The information provided on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Please note that during the pandemic Coastline Neighbors is suspending all scheduled events, non-medical transportation, in-home friendly visitations and in-home tasks. We will continue to provide reassurance calls to members along with weekly shopping and grocery deliveries.

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 of your insurance card will need to be attached to this application):

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 _____

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.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Background Checks

For everyone's safety, all members and volunteers aged 18 and over will be required to have a background check done by Sterling 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. Sterling Volunteers uses social security numbers only to process background checks and not to identify individuals for reporting purposes. Sterling Volunteers will not share/use personal information with 3rd parties or for marketing.

For further information on Background Checks, see sterlingvolunteers.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. While volunteering during the Coronavirus (COVID19) Pandemic I have received information printed from the CDC on the spread of germs, symptoms of COVID19 and frequently asked questions which included how to protect myself. I have received verbal instruction regarding social distancing for both my safety and that of the member I am serving. I acknowledge that I have been offered gloves and mask to use when volunteering. I understand 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 or by calling 541-207-1366. Please email or mail your application to:

Coastline Neighbors
PO Box 4322
Brookings, OR 97415
coastlineneighbors@gmail.com

FOR OFFICE USE, ONLY (date completed and initialed)

Received _____

Reviewed _____

Interview _____

Background Check _____

Approved _____

System Input _____