



Siuslaw Outreach Services
1536 W. 12th Street
P.O. Box 19000
Florence, OR 97439
T: 541-997-2816
F: 541-997-7257
www.florencesos.com

Siuslaw Outreach Services would like to thank you for considering volunteering with our organization. Your commitment to volunteering is a gift to our community. Please consider the information included here carefully and join us in our mission.

General Requirements for all Volunteers

- Successfully pass a criminal background check.
- Adhere to agency philosophy, mission, policies, and procedures.
- Complete orientation and training.
- Maintain the confidentiality of client information.
- Work effectively with diverse populations.
- Ability to work a 4-hour shift once a week.
- Ability to stand, sit, and occasionally lift 10 lbs.

Our Mission Statement

“To provide compassionate, respectful, and confidential support to people in need.”



Siuslaw Outreach Services
1536 W. 12th Street
P.O. Box 19000
Florence, OR 97439
T: 541-997-2816
F: 541-997-7257
www.florencesos.com

Volunteer Application

Contact Information: Date: _____

Full Legal Name: _____ Preferred Name (if different): _____

Phone Number: _____ Cell phone number: _____

Email Address: _____ Preferred contact method: _____

Mailing Address: _____

Demographics:

Date of Birth: _____ Gender: _____ Languages Spoken: _____

Availability:

Days Available: [] Mon [] Tue [] Wed [] Thu [] Fri [] Sat [] Sun

Preferred Time: [] Morning [] Afternoon [] Evening

Frequency: [] Weekly [] Monthly [] One-time [] Flexible

Areas of Interest:

[] Receptionist [] Crisis line [] Sorting/Donations [] Greeter [] Other _____

Relevant Work or Volunteer Experience: _____

Certifications (e.g., CPR, First Aid): _____

Special Skills (tech, language, etc.): _____

Background Check & Legal Disclosures:

Are you willing to undergo a background check? [] Yes [] No

Have you ever been convicted of a crime? [] Yes [] No

(If yes, please explain): _____

Have you received services from SOS within the last year? [] Yes [] No

Are you under 18 years of age? [] Yes [] No (If under 18, parent/guardian consent is required.)

Professional References:

1. Name: _____ Relationship: _____

Phone number: _____ Email: _____

2. Name: _____ Relationship: _____

Phone number: _____ Email: _____

Signature:

I confirm that the information provided is accurate and that I understand the responsibilities associated with volunteering.

Signature: _____ Date: _____