



Siuslaw Outreach Services

Volunteer Application Form

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ CELL Number: _____

Email Address: _____

Emergency Contact Info: _____

Please list your current and previous employment including past volunteer experience:

| Employer/Contact Info | Position/Job Title | Dates of Service |
|-----------------------|--------------------|------------------|
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Have you ever been convicted of a crime? _____

Are you bilingual? _____ If YES, fluent in which language(s) _____

Have you received services from SOS within the last 6 months? _____

How many hours are you available to volunteer per week? _____ Per month? _____

Can you make a six month commitment? _____ Do you have access to transportation? _____

What type of volunteer work would you like to do at SOS?

Reception/Front Desk Crisis Line Sorting/Donations Other _____

Applicant Signature _____ Date _____

*Completion of this application does not constitute acceptance as a volunteer. By completing this application the applicant authorizes Siuslaw Outreach Services to verify ANY information provided in this application. Applicant agrees and understands that Siuslaw Outreach Services can/will complete a criminal background check as required. Applicant agrees and acknowledges that any position offered is as an unpaid volunteer and agrees to provide time and services to Siuslaw Outreach Service without compensation.