



# ShelterCare

Hope is here.

PO Box 23338, Eugene, OR 97402  
Ph: 541-686-1262 fax: 541-686-0359

Admin Use	
Referral To:	_____
	Date: _____
Interview by:	_____
	Date: _____

## Volunteer / Intern Application

Application for  Volunteer  Intern  Practicum

### 1. Contact Info.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date Available: \_\_\_\_\_

SS #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ e-mail address \_\_\_\_\_

What brings you to ShelterCare: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### 2. My Volunteer Interests:

- Office / Administration     Brain Injury     Family Housing/Children's Program  
 Mental Health     Work Projects     Other \_\_\_\_\_

What resources (skills, hobbies) are you interested in sharing:

\_\_\_\_\_  
\_\_\_\_\_

### 3. Currently I am:

- Working:     Post graduate student     In Need of Community Service  
 Not-working     Under graduate student     Other:  
 HS Student    Major: \_\_\_\_\_

### 4. References:

Employment/Volunteer Record (Please list most recent positions first)

Date	Employer & Address	Job Title	Job Responsibilities
To:			
From:			
Telephone	Supervisor	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid Position	

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To:			
From:			
Telephone	Supervisor	<input type="checkbox"/> Volunteer <input type="checkbox"/> Paid Position	

Other References:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Related Volunteer Experience(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Available Day /Times for Volunteering:

Weekends       Evenings       Week days       Projects/ Events

DAYS available \_\_\_\_\_ TIMES / HOURS wanting to volunteer: \_\_\_\_\_

Interns:                      Number of Terms Available \_\_\_\_\_ Term (s)

*Note: Some programs do require a 2-term commitment.*

School Counselor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

6. Agency Policy and Criminal History Requirements

ShelterCare shelters and supports families and individuals in nine program settings. The agency’s programs provide a broad array of assistance to residents while providing each with an opportunity to live the fullest possible life within an environment that fosters well being and success.

ShelterCare will abide by the intentions implicit in the Affirmative Action Resolution designed to assist the agency in meeting its goal of non-discrimination in hiring, provision of services and broad selection.

Each of the programs of ShelterCare is a drug-free workplace and complies with the Drug-Free Workplace Act of 1988. The unlawful manufacture, distributing, possession, of use of any controlled substance is prohibited at any program site for ShelterCare.

Have you been convicted of a violent or victim related crime within the past 10 years?  
 Yes                       No

Please describe (use more paper if necessary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Note:** The volunteer position for which you are applying requires a criminal history check, one will be done automatically upon securing a volunteer position for you. This information will not necessarily be a bar to volunteering. Factors such as age and time of the offense, the seriousness and nature of the violation, any rehabilitation, and your subsequent employment history will be taken into account.

6. Acknowledgement

I understand that consideration for volunteering is contingent on the results of a reference and background check. I authorize ShelterCare, Inc. to investigate the truthfulness of all statements made on this application and to contact my former volunteer agencies/employers, other listed references, or any other persons who can verify information. I further authorize ShelterCare, Inc. To discuss the results of any investigation with all of their employees who are involved in the volunteering process. I further authorize all contacted persons and former employers to provide information concerning this application, my background and suitability for volunteering. **I release each such persons and former employers from liability for providing such information.**

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Today’s Date