



OMEN Volunteer Application

Date: _____
First Name: _____ Last Name: _____
Home Phone: () _____ Work Phone: () _____
Cell Phone: () _____ Email: _____
Address: _____
City: _____ Zip Code: _____
Emergency Contact (Name/Relationship/Phone):

Educational Background

Last year of school completed (1-12) _____ High School Diploma or GED? Yes _____ No _____
Years of college completed: _____ Degree(s): _____
Training or relevant course work: _____

Employment

Current Employer _____
Past job experience related to volunteering at OMEN: _____

Volunteer Experience

Past Volunteer Experience: _____

Do you have any medical conditions your supervisor should be aware of? _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, please give a short explanation outlining the circumstances of your conviction indicating date, nature and place of offense and disposition. (Do not include traffic violations or convictions sealed or annulled by the court.) Convictions will not necessarily disqualify you from the volunteer position for which you are applying.

References

List 2 employers, supervisors, teachers or non-relatives we may contact for a reference:

Name: _____ Relationship: _____ Phone: () _____
Name: _____ Relationship: _____ Phone: () _____

What skills, training or knowledge do you wish to share with OMEN as a volunteer? _____

What are your personal and/or professional goals that you hope to achieve while volunteering at OMEN?

What volunteer opportunities most interest you?

- Data Entry
 Special Events

Time Commitment

How long you would like to commit to volunteering at OMEN?: _____

What is your availability for volunteering at OMEN (days of week/hours): _____

I hereby certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I agree and understand that any misstatements or material omissions on the application will result in my being eliminated from further consideration. I understand that, if accepted, any misrepresentation or material omission which becomes known to the Oregon Microenterprise Network (OMEN) may result in my immediate dismissal. I agree that I will work within my assigned areas of responsibility without any monetary compensation, and be subject to workers' compensation coverage while on-the-job. I will follow the lawful directions of my assigned supervisor while working for OMEN and will follow and be bound by OMEN's Policies & Procedures to the same extent as paid employees of OMEN, except Policies & Procedures relating to compensation and benefits, which do not apply to me.

Date _____ Signature

For office use only:

Interviewed: yes/no Date Interview: _____ Approved: yes/no Date Approved: _____

Project Assignment: _____ Supervisor: _____