



625 Union St NE Salem, OR 97301

#503.391.6428

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Serving Oregon's at-risk, homeless and street youth in Marion and Polk Counties

# Volunteer Application

Name: \_\_\_\_\_

Last

First

Middle

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Profession/School: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

State

ZIP

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you volunteering for school requirements? Y / N

-School/Program/Degree: \_\_\_\_\_

-Hour Requirement and Timeframe: \_\_\_\_\_

We require all of our volunteers to complete a background check with a successful return. Do you have any concerns or issues with this policy? Y N If so, explain:

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

There's a \$30.00 fee to help cover the cost of the background check, payable by cash or check at the time of Volunteer Orientation. (Please make checks out to Community Action Agency.)

Community Action's Mission: Empowering people to change their lives and exit poverty by providing viral services and community leadership.

[www.mycommunityaction.org](http://www.mycommunityaction.org)

We ask that all Volunteers commit to at least 3 hours of service per week for 3 full months. Are you able to fulfill this requirement?      **Y / N**      Please indicate your availability below.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

1) How did you hear about HOME?

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2) What do you know about HOME, the services we provides and the population we serve?

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3) Why do you want to join the HOME team?

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4) Do you have any special skills or hobbies that may be of interest to youth at HOME? (Guitar, Sports, Art, Crafts, etc...)

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Please feel free to attach additional information relevant to your skills, interests and goals.

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**Signature**

**Date**

HOME STAFF ONLY			
Entered in	_____	Paid \$30 Fee	_____
Background	_____	Cash	_____
		Check #	_____