



**VOLUNTEER APPLICATION**

Date	
Name	
Date of Birth	
Address	
City, State, Zip	
Cell Phone	
Other Phone	
Email	

**Areas of Interest**

Please check the position(s) in which you are interested. Please refer to the list of volunteer opportunities for descriptions or email us at [board@salemrainbowyouth.org](mailto:board@salemrainbowyouth.org) with questions.

- Drop-in Volunteers
- Outdoor Activities
- Activities
- Computer Lab
- Office Assistance
- Maintenance Help
- Support Group Facilitator
- Meal Provider
- Grant Writing
- Fundraising Events
- Other:

**Availability** *Please check the times when you are available or write them below.*

	Monday	Tuesday	Wednesday	Thursday	Friday	
3:45 to 7pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 to 9:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8 to 10am	10 to 12pm	12 to 2pm	2 to 4pm	4 to 6pm	6 to 8pm
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## VOLUNTEER APPLICATION

- How did you hear about Salem Rainbow Youth?
- Please list previous volunteer experience(s):
- What is your field of study?
- What is your educational background?
- Are you currently employed? Where?
- Are you a donor to Salem Rainbow Youth? (*Donor status will not affect Volunteer Application*)
- Are you interested in driving youth to activities?

**Please supply three references. Please do not list family/partner.**

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Name	Relationship
Phone	Email

Name	Relationship
Phone	Email

Name	Relationship
Phone	Email

**Please respond to the following questions. Please limit your responses to 500 characters each. If filling out by hand, please feel free to attach another sheet of paper.**

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- What motivates you to apply as a volunteer for Salem Rainbow Youth?
  
  
  
  
  
  
  
  
  
  
- What experiences have you had working with youth?
  
  
  
  
  
  
  
  
  
  
- What do you think are important dynamics of the relationships between a youth and an adult?
  
  
  
  
  
  
  
  
  
  
- What do you hope to gain from being a volunteer?



**VOLUNTEER APPLICATION**

**Consent to Perform Criminal History Background Check**

Legal Name <i>(last, first, middle):</i>		Date of birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or INS number <i>(voluntary):</i>
Maiden name, other names used:			Driver's license or ID card: Number: _____ State: _____	
Mailing address: Street: _____ Apt: _____ City: _____ State: _____ ZIP: _____		Home or message phone: _____		
		During the past 5 years, have you been outside Oregon 60 days or more in a row? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list where and when in the space below:		
		<b>City/state/country:</b>	<b>From</b> <i>(month/yr):</i>	<b>Until</b> <i>(month/yr):</i>
Street address <i>(if different than mailing address):</i>				
Street: _____ Apt: _____				
City: _____				
State: _____ ZIP: _____				
Have you ever been charged, arrested, adjudicated and/or convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes If you answered yes, list <b>all charges, arrests and/or convictions (adult and juvenile) and the outcome regardless of how long ago.</b> Attach additional pages if needed.				
<b>Date</b> <i>(or estimate):</i>	<b>Charge, arrest or conviction:</b>	<b>County:</b>	<b>State:</b>	<b>Outcome:</b>
1.				
2.				
3.				
4.				
5.				
Provide information regarding all arrests charges, and convictions.				

**VOLUNTEER APPLICATION**



I have read and understand the instructions for completing this form. I understand that a criminal records check will be completed on me. My signature authorizes the Salem Rainbow Youth, Inc. to request and receive any police or investigation reports needed to complete this background check. The information may be shared with the Board of Directors of Salem Rainbow Youth, Inc. I certify the information I have provided is correct and complete. I understand that if I provide false or incomplete information, my application may be closed or I may be denied the position. I understand the check may be repeated during the time I hold this position.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_