



PO Box 943 - Bend, OR 97709

VOLUNTEER SERVICE APPLICATION

Please take a few minutes to complete this application. The information you provide will help us place you in a volunteer position that is right for you. If you have any questions please call Amber Atkins @ 389-7275. Applications will be kept on file for 6 months. *Volunteers with OAS must be at least 16 years old.*

Personal Information

Name _____
Address _____ Zip _____
Day Phone _____ Evening Phone _____ Cell _____
E-Mail _____ Driver's License # _____

Emergency Contact

Name _____ Relationship _____
Day Phone _____ Evening Phone _____ Cell _____

References

1. Name _____ Phone # _____
Address _____ Zip _____
2. Name _____ Phone # _____
Address _____ Zip _____

Placement Information

Please describe any education, training, qualifications or skills that you think are relevant.

What would you like to gain from your volunteer experience? _____

Please specify any physical limitations that may influence your volunteer activity.

Placement Information Continued...

When are you available to help?

- Weekdays:** € Mornings € Afternoons € Evenings € Flexible
Weekends: € Mornings € Afternoons € Evenings € Flexible
Avg. Hrs/week: € 1-2 hours € 3-4 hours € 5-8 hours € 8+ hours

Please check your areas of interest and indicate how many years of experience (if any) you have in each area.

Years Experience	Area of Interest
_____	Assist Mono
_____	Assist Bi-skier
_____	Assist Three or Four Track Skier
_____	Assist Visually Impaired Skier
_____	Assist Developmentally Disabled Skier
_____	Community Relations
_____	Fundraising
_____	General Office and Computer Work
_____	Budget and Bookkeeping
_____	Legal Aid
_____	Other _____

Is there any other information you would like to share about yourself in order to help us find the best possible volunteering opportunity for you? _____

**RELEASE FORM LIABILITY AND
 AUTHORIZATION TO CHECK REFERENCES**

I certify that the information given herein is true and complete to the best of my knowledge. I authorize OAS to check my references and investigate all statements contained in this application. I understand that misrepresentation or omission of facts contained herein will be sufficient cause for cancellation of consideration for volunteer service, or dismissal if I have already started volunteering. I understand that a Criminal History Verification will be conducted. I assume all risks and hazards incidental to the conduct of the activity; and I do further hereby release, absolve, indemnify and hold harmless the organizers, supervisors, OAS, any and all of them. In case of personal injury, I hereby waive all claims against the organizers, OAS, or any of the supervisors appointed by them. I hereby give my consent for emergency medical treatment. I also agree to allow OAS to use and reproduce my name and/or likeness in publications and information pieces.

I understand that I will not be compensated for my volunteer service with OAS.

 Signature of Applicant

 Date

 Signature of Parent/Guardian if applicant is under 18 years

 Date