



Volunteer Application

5605 E. Burnside, Portland, OR 97215

Fax: 503.234.8758 www.theinnhome.org

Providing college-focused support and resources to youth aging out of foster care

First Name (please print)		MI	Last Name		
E-mail		Mailing Address			
Apt. #	City	State		Zip	
()		Home <input type="checkbox"/>	Cell <input type="checkbox"/>	()	
Phone		Work Phone			
		Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender/ Other <input type="checkbox"/>			
Date of Birth		Gender			

Race/Ethnicity: Please mark your primary race/ethnicity.

African American
 American Indian/Native American
 Asian/Pacific Islander
 Caucasian
 Hispanic/Latino
 Multiracial
 Other (specify): _____

Marital Status: Single Married Divorced Domestic Partnership Separated Widowed

Are you currently enrolled in a postsecondary program? Yes No
If yes, in what type of program are you currently enrolled? (please include degree (i.e., BS, MA), area of study, school attending, and, if undergraduate, your class standing (i.e. junior, senior) _____

Please provide information for all postsecondary programs you have completed.

	Degree 1	Degree 2	Degree 3
Degree (i.e., BA, MS)			
Major/Area of Study			
School where earned			
Year graduated			

If you earned more than 3 college degrees, please give information about additional degrees here:

What is your current field of employment? _____

What is your job title/ what do you do? _____

Do you need accommodations to perform volunteer services? Yes No

What type of accommodations do you need? _____

How did you hear about Coaching for College Success? _____

Background Check Required Information: The following information is required to conduct a portion of the background check process and will be deleted from your file upon completion.

Name, as stated on your drivers license:

Drivers license number and State in which it was issued:

Social Security number:

Employer Information: Some employers have programs that match your volunteer hours with monetary gifts. We also like to let your supervisor know about the valuable community service you perform.

Place of employment: _____

Address: _____

Name of Direct Supervisor: _____

Name of Community Involvement Coordinator, if applicable: _____

Personal References: Please list three references in the space provided below. References should have known you for at least six (6) months, not be relatives or live in the same household. Please fill out completely. Thank you.

Reference 1:

First & Last Name:		
Mailing Address:		
City, State, Zip:		
Phone/E-mail:		

Reference 2:

First & Last Name:		
Mailing Address:		
City, State, Zip:		
Phone/E-mail:		

Reference 3:

First & Last Name:		
Mailing Address:		
City, State, Zip:		
Phone/E-mail:		

Volunteer Information Form

1. Why are you interested in volunteering with Coaching for College Success?

2. Please tell us why/how you feel that sharing your postsecondary experiences and successes with a mentee may help support them in achieving their own postsecondary goals.

4. Please share any concrete college- or career-related resources, connections, ideas for activities, etc that you are excited about sharing with a mentee.

3. Please tell us about any other skills, hobbies/interests, trainings, or personal strengths that you have and if you would be willing to share them with a young adult (i.e. money skills, sports, health, organization, etc).

3. What do you like to do in your free time?

4. How would you describe yourself?

5. Please tell us any circumstances in which you would be **uncomfortable** working with a young adult (i.e.: if the young adult has experienced abuse, drug and alcohol issues, grief and loss, etc.).

6. Please tell us what you would be interested or willing to do with Coaching for College Success. (i.e. do you want to work with young adults, lead groups, work behind the scenes, etc.)

7. Is there anything else you think would be important for us to know about you or you would like to add?

STATEMENT OF CONFIDENTIALITY

1. CLIENT INFORMATION

It is expected that all volunteers will maintain the privacy of client information except as information is necessarily exchanged in the performance of work. Failure to maintain such confidentiality will result in disciplinary action up to and including termination.

2. ORGANIZATION INFORMATION

In addition to mandating client privacy, the Organization also deserves appropriate confidential treatment. While it is understood that volunteers will discuss their places of volunteerism, specific references to particular incidents that have a negative impact on the Organization's image, staff, or other volunteers are not condoned. Failure to demonstrate due respect will result in disciplinary action up to and including termination.

3. VOLUNTEER INFORMATION

In accordance with Organization philosophy, volunteer information will be handled in the strictest of confidence. Legal subpoenas will be responded to. However, no personal information will be released without the volunteer's authorization. Confirmations of current or past volunteer information are made, but no reference material relating to performance will be given.

4. SUMMARY

Any volunteers who have questions or concerns about this policy are invited to contact Tom Mitchell, ED, The Inn, Inc. at 503-234-8757 x 20

I certify that all statements contained herein are true and complete whether made by me or others at my request. I have read and understand the above confidentiality policy.

Signature _____

Date _____

Coaching for College Success Volunteer Release Form

EFFECTIVE DATE: 10/01/07

Purpose: To provide a framework wherein volunteers understand the context in which they might interact with Coaching for College Success participants

- I understand that while I am a volunteer at Coaching for College Success I will be working with some participants who are legally adults and others who may still be minors.
- I will not hold Coaching for College Success responsible for the actions of the participants with whom I may interact. I will not hold Coaching for College Success responsible for loss of property or damage resulting from actions of the participants in the program.
- I assume responsibility for the activities and locations in which I involve myself with participants and do not hold Coaching for College Success responsible for events that may occur there.
- I accept and assume responsibility for any and all risks of personal damage or injury which occur during activities or resulting from my participation as a volunteer in this program.
- I agree to inform volunteer staff of any concerns regarding incidences involving participants in the program or that might impact the program itself. I also understand that I am mandated by law to report suspected abuse and/or neglect that I may be aware of involving minors served by Coaching for College Success.
- I understand that Coaching for College Success is a drug-and-alcohol-free program and I understand that I should refrain from the use of such substances when participating in Coaching for College Success activities or events.
- I understand that Coaching for College Success will make reasonable efforts to inform me of any concerns that could pose risks to volunteers but further acknowledge Coaching for College Success can not prevent all incidents from occurring.
- I give Coaching for College Success permission to use my written quotation or picture in a replicated fashion in a brochure, pamphlet, flyer or informational publication designed to promote or enhance the program, Coaching for College Success. This release may be revoked at any time.

I have read and understand the above release form.

Signature

Date

EXPLANATION OF INSURANCE COVERAGE

For Registered Volunteers of Coaching for College Success, a Partner of The Inn, Inc.

The Inn, Inc., as fiscal agent for Coaching for College Success, offers the following free-of-charge supplemental insurance coverage to registered Coaching for College Success volunteers while they are volunteering at Coaching for College Success.

- Accident Insurance: This is in excess of your own medical coverage and covers you for personal injury while you participate in program-sponsored activities. It has a \$50,000 limit and a \$50 deductible.
- Accidental Death and/or Dismemberment: \$5,000 coverage for either should the death or dismemberment occur while involved in program activities.

The Inn, Inc. requires all volunteers that wish to qualify for supplemental insurance coverage while using their vehicle in their capacity as a volunteer to carry automobile liability coverage as mandated under Oregon law.

Note: We must verify current auto insurance coverage. Please bring the insurance card provided by your insurer that you are required to carry in your vehicle to the New Mentor Training. We simply need to verify that your coverage is current. Thank you for your cooperation with this important procedure.

This statement does not apply to vehicles owned by the Inn, Home for Boys, Inc.

If you do not use your vehicle for organization business/volunteering and you not plan to use it in the future for such, the information referring to automobile insurance coverage does not apply to you. You do, however, qualify for the supplemental insurance coverage while engaged in Coaching for College Success volunteering other than operating a motor vehicle.

I have read the above and agree to all provisions as stated.

Volunteer's signature

Date

Coaching for College Success Mentoring, a program of The Inn, Inc.

Emergency Contacts	
Employee's Name:	_____
Phone Number:	Home: _____
	Cell: _____
Birthday:	_____
Emergency Contact 1:	_____
Relationship:	_____
Address:	_____
City, State, Zip:	_____
Day Phone:	_____
Evening Phone:	_____
Emergency Contact 2:	_____
Relationship:	_____
Address:	_____
City, State, Zip:	_____
Day Phone:	_____
Evening Phone:	_____