



980 NW Spruce Avenue • Corvallis, Oregon 97330
(541) 754-8417 • Fax (541) 757-3571
www.gracecenter-corvallis.org

Volunteer Application

PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION.

All New Volunteers are required to complete a Volunteer Application and Volunteer Policies/Confidentiality Agreement. The information listed below will be used to submit a background check; make sure to be thorough and accurate. When returning application, please bring government issued photo ID. All volunteers under the age of 18 require consent from a parent or guardian.

Please print neatly.

Last Name _____ First Name _____ Middle Name _____

Date of Birth ____ / ____ / ____ Gender (check one) Male Female Unknown/Not Specified Other Both

Social Security number (optional): _____

Prior names and aliases: _____

Residential Address _____ City _____ State _____ Zip _____

Mailing Address (if different): _____ City _____ State _____ Zip _____

Phone _____ Type of Phone (home, mobile etc.) _____

2nd Phone _____ Type of Phone (home, mobile etc.) _____

Email Address _____

During the last 5 years, have you been outside of Oregon for 60 days in a row or more? Yes or No

Education/Training _____

Are you a student? Where? _____

Are you applying for an internship; if yes, what term? _____

Please list previous volunteer experience _____

How did you hear about Grace Center? _____

Why do you want to volunteer at Grace Center? _____

Please list available days and times to volunteer _____

Are you available to volunteer at least 1 hour per week for at least 10 weeks (site requirement)? Yes or No

If no, explain schedule limitations _____

Do you have any disabilities that need to be accommodated? If so, please explain _____



Volunteer Interests

Check all that apply:

<input type="checkbox"/> Front Desk Greeter (AM position)	<input type="checkbox"/> One-on-one companionship
<input type="checkbox"/> Informational Presentations	<input type="checkbox"/> Games & Discussions
<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Music/Performing
<input type="checkbox"/> Sewing	<input type="checkbox"/> Knitting
<input type="checkbox"/> Crocheting	<input type="checkbox"/> Weaving/Spinning
<input type="checkbox"/> Exercise Activities	<input type="checkbox"/> Gardening
<input type="checkbox"/> Woodworking	<input type="checkbox"/> Handyperson
<input type="checkbox"/> Clerical/Computer	<input type="checkbox"/> Other:

Please list any other special interests:

Volunteer Policies/Confidentiality Agreement

It is the philosophy of Grace Center that our volunteers are critical to its mission of providing the highest level of care to its clients and seeks to make your volunteer opportunities both gratifying and personally rewarding.

As a volunteer, I hereby understand and agree to the following:

- It is the policy of Grace Center to provide volunteer opportunities to all qualified persons without regard to race, creed, disability, color, religion, sexual orientation, national origin, age, gender, veteran status or other protected status in accordance with applicable law. All volunteers are expected to act responsibly to establish a pleasant environment free of discrimination.
- Volunteers are expected to respect the privacy of participants and hold in confidence all information obtained in the course of volunteer service in accordance with current HIPPA (Health Insurance Portability and Accounting Act) regulations, whether information is obtained through staff consultation, written records or interaction with the person, family and/or friends.
- Volunteers are expected to accept responsibility for their own conduct.
- Volunteers are expected to comply with all safety and confidentiality rules, laws and regulations applicable to Grace Center.
- Volunteers should NOT stand on ladders or move heavy objects without assistance.
- Volunteers should not walk or transfer participants who need hands-on assistance and at NO time is a volunteer to assist a participant in the restroom. If unsure about a participant or situation, ask a staff member.
- Volunteers shall possess a professional attitude which upholds confidentiality and respect toward the people we serve, colleagues, applicants and any sensitive situation arising within the facility.
- Volunteers must inform the Administrator immediately if they have witnessed anyone being disrespectful to participants.
- Certain conduct such as theft, fighting, falsification of records, threats of violence, harassing and intimidating others and failure to cooperate with others is unacceptable at anytime.
- Volunteers may NOT engage in solicitation or distribution of literature at Grace Center.
- Volunteers may NOT accept financial reimbursement or gifts from clients or their families/friends.
- Volunteers must NOT smoke on the premises of Grace Center, nor use drugs or alcohol.
- Volunteers are expected to report for duties unimpaired and in condition to perform their duties safely and efficiently.
- Volunteers will notify the Administrator of any performance-related side effects of any medically-authorized substances prior to beginning volunteer duties.
- Grace Center prohibits unlawful verbal, physical or visual harassment of a sexual, racial, ethnic, age, religious or disability-related nature. If a volunteer believes him/herself to be the subject of harassment, he/she is encouraged to bring the incident to the immediate attention of the Administrator.
- Volunteers must silence their cell phone and limit their use while volunteering.
- Volunteers who acquire communicable diseases such as the cold, flu, measles or meningitis must notify the Administrator.
- Volunteers must notify Grace Center if unable to make a scheduled volunteer time.

I acknowledge and agree that I have carefully read this Agreement, that I fully understand the same, and that I freely and voluntarily execute the same. I also acknowledge and agree that any violation of this Policies and Confidentiality Agreement is a serious breach of my responsibilities and will result in severe consequences.

Signature of volunteer _____ Date _____

Signature of Parent or Guardian (if under 18 years) _____ Date _____

Emergency contact _____ Phone _____

Please complete entire application and return to:

**Grace Center for Adult Day Services
980 NW Spruce Avenue
Corvallis, Oregon 97330
541.754.8417
<https://gracecenter-corvallis.org/>**