



Application for Volunteers and Interns

Today's Date:

Personal Information

Name:

Address

Home Phone

Work Phone

Cell Phone

Email

Why are you interested in volunteering? Personal interest Educational Internship

Community Service Hours Court ordered Other _____

Age ____ over 18 ____ under 18

Have you ever worked or do you currently work for Albertina Kerr Centers?

Have you ever received services from Albertina Kerr Centers?

Do you have a valid driver's license?

Do you have a car available for use while volunteering?

Experience and Education

What is your educational/training background?

What is your employment history?

Have you had any previous experience as a volunteer? If so, with what organizations, and what kind of work did you do?

Does your current employer have (check all that apply): Program for volunteering

Donation matching program Grant preference to organizations where you volunteer

Your Interests at Albertina Kerr Centers

How did you learn about Kerr? Ad Website College/University Kerr Employee

Current Volunteer Other *Please specify* _____

Your Interests at Albertina Kerr Centers (continued)

Which opportunities do you wish to further explore: TOKNA businesses Special Events
 Administrative and Development offices Youth and Family Services Developmental
Disability Services Other _____

How long can you commit to volunteering? One time Occasionally 3-6 months
 6 months or more Other _____

When are you available? Days Evenings Weekends Holidays

Do you prefer to work (check all that apply) Directly with people Behind the scenes IT
 Maintenance No preference

Hobbies/interests:

Skills you would like to use while volunteering:

Other languages you speak _____ Basic Conversational Fluent
_____ Basic Conversational Fluent

Describe any special needs you would like us to be aware of:

Date you can begin service:

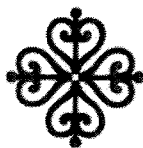
Criminal History

All volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a felony? Yes No
If yes, explain.

Please describe in 3-5 sentences why you want to be a volunteer or intern at Kerr:

Why, at this particular time in your life have you chosen to volunteer with us? What do you hope to gain from being a volunteer?

AKC considers applicants for internships/volunteering without regard to gender, race, age, religion, national origin, veteran or marital status, actual or perceived sexual orientation, gender identity, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship. If you need a reasonable accommodation in the pre-employment process, please contact Human Resources.



ALBERTINA
KERR
CENTERS

AUTHORIZATION AND AGREEMENT BY APPLICANT

1. I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.
2. I consent to having Albertina Kerr Centers complete a criminal background check prior to volunteering.
3. I agree to complete a drug screening and TB screening requirements relevant to the position for which I am applying

Signature of Applicant

Date

Parent/Guardian Signature (required if less than 18 years of age)

Date

DRUG AND ALCOHOL TESTING CONSENT

Albertina Kerr Centers recognizes the costs to society and to individuals from drug and alcohol use. The Agency maintains a firm commitment to strive to provide reliable service to its clients and a safe and healthy work environment for its interns/volunteers. While the vast majority of interns/volunteers are not involved with alcohol abuse or illegal drugs, those who are can have an adverse impact on the workplace, as well as their own job performance. To meet our obligations, and to comply with our obligation under the Drug Free Workplace Act of 1988, the following policy has been adopted and will be enforced:

1. The Agency prohibits the unlawful use, sale, possession, manufacture, distribution, or being under the influence of alcohol, drugs or any controlled substance, on Agency property, in the presence of Agency clients, while on duty, during rest periods and break periods, while operating an Agency vehicle or attending an Agency-sponsored event.
2. Interns/Volunteers who violate this prohibition will be subject to disciplinary action, up to and including termination. Nothing in this policy restricts the Agency's right to terminate an intern/volunteer at any time, with or without notice, for any reason not expressly prohibited by law.
3. The agency retains the right to require any intern/volunteer to report for drug and/or alcohol testing for reasonable suspicion or following an accident in which there is injury to persons or damage to property.
4. Interns/volunteers must abide by the terms of this statement and must notify the employer of any criminal drug conviction within five days of the conviction if workplace conduct is involved.
5. New interns/volunteers will be required to report for drug testing after a placement offer has been made but before reporting for the assignment.

Community Relations Manager

Phone: 503-262-0187

Fax: 503-239-8106

Mail: 424 NE 22nd Ave, Portland OR 97232

Email: stephaniebo@albertinakerr.org

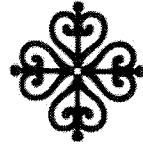
I have read and understand the Drug Free Workplace Compliance Statement. I agree to comply with the Albertina Kerr Centers Drug and Alcohol Policy. I understand that any offer of placement with the Agency may be contingent upon the successful completion of drug testing before beginning assignment, and I consent to testing according to Albertina Kerr Centers policy.

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Date



ALBERTINA
KERR
CENTERS

Volunteer Reference Check

_____ is applying for a Volunteer/Intern position with Kerr and has listed you as a reference. Please assist us returning this completed form to the Volunteer Manager.

Reference:

Name: _____ Title: _____

Affiliation: _____

Please describe your relationship with the applicant and the number of years/months you have been acquainted:

What are some of the applicant's greatest strengths?

What are some of the applicant's greatest challenges?

Would you recommend this person to volunteer with children in crisis and/or adults with developmental disabilities? Yes _____ No _____

Please explain: _____

Please provide a phone number where we can best reach you: _____

Signature _____

Date _____



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