

Project Linkage Application

Metropolitan Family Service, 2200 NE 24th Avenue, Portland, OR 97212

Name: _____
(first) (middle) (last)

Title: ___ Ms. ___ Mrs. ___ Mr. Email: _____

Address: _____
(Street) (City) (State) (Zip)

Phone Number: _____ Alternate Phone: _____

How will you get to and from your volunteer assignment? (*check all that apply*) Drive ___ Bus ___ Walk ___

Emergency Contact _____

Phone number(s): _____ Relationship: _____

- Where did you hear about the Project Linkage program? _____
- Please describe any previous volunteer experience: _____

Employer: Name and Address: _____

References: Please list three character references that we may contact (other than relatives):

1. Name: _____ Phone: _____
Email: _____ Relationship: _____
2. Name: _____ Phone: _____
Email: _____ Relationship: _____
3. Name: _____ Phone: _____
Email: _____ Relationship: _____

PROJECT LINKAGE VOLUNTEER SERVICE INFORMATION FORM

I would like to volunteer ___ day(s); ___ per week; or ___ per month. Best days/times: _____



Project Linkage is a program of Metropolitan Family Service. For more than half a century, MFS has played a vital role in the lives of children, families, and older adults. Most people who access our programs are low-income individuals and families.

Because together, we can do more.

TRANSPORTATION

Transport Client Y N

If no, go to next section

To appointments Y N

Shop with clients Y N

Capable of assisting client Y N

Able to handle medical equipment Y N

Vehicle use preference:

Your own vehicle _____ Agency vehicle _____

What distance are you willing to travel? _____

If using your vehicle, please complete below:

Vehicle manufacturer _____

Vehicle model _____

Vehicle color _____

FRIENDLY VISITING Y N

Preference: None _____ Male _____ Female _____

I am comfortable with people who have/are:

Depression Y N

Physical impairments Y N

Memory impairments Y N

Mental illness Y N

Unsanitary environment Y N

Smoker Y N

Pets Y N

Ethnic bias Y N

Difficult personality Y N

Certification

I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation will result in my being eliminated from further consideration. I further understand that if accepted for a Project Linkage position with Metropolitan Family Service, any material misrepresentations or omissions that became known to Metropolitan Family Service will result in termination and disqualification as a Project Linkage volunteer, regardless when discovered.

I hereby authorize the investigation of all statements made in this application. I further authorize the employers and/or supervisors listed herein to give Metropolitan Family Service representatives any and all information regarding my prior employment and/or volunteer activities. I hereby release Metropolitan Family Service and previous employers and/or agencies, supervisors and all others of their respective employers from any liability for any and all claims for damages or injury that may or could result from furnishing information to Metropolitan Family Service.

I agree to complete such additional release forms that Metropolitan Family Service may require to secure information related to this application and my ability to serve as a Project Linkage volunteer.

If accepted as a Project Linkage member, I recognize the instructions, rules and policies of Metropolitan Family service and will adhere to these to the best of my ability. I understand that if I am accepted, my position can be terminated at any time, with or without cause and with or without notice, at the option of either Metropolitan Family Service or myself.

I agree that if I use my personal automobile to drive during the course of my volunteer service, I will maintain a valid driver's license in my state of residence, as well as maintain automobile liability insurance equal to or greater than the minimum legal requirement for my state of residence.

Applicant signature: _____ Date: _____

SHOPPING Y N

For the client Y N

Lift/Carry groceries Y N

Escort on shopping shuttles Y N

TELEPHONE REASSURANCE Y N

(Usually involves daily phone call to client; able to do from home)

OFFICE HELP Y N

Bulk mailings Y N

Telephones Y N

Filing Y N

Typing/Word processing Y N

Data entry (MS Access database) Y N

HOME REPAIR Y N

Electrical Y N

Plumbing Y N

Carpentry Y N

Small general repairs Y N

Painting Y N

Tools available Y N

OTHER

Ongoing relationship with client Y N

One time assignment Y N

Ride Connection Driver Application
(PLEASE PRINT ALL INFORMATION CLEARLY)

Provider/Agency: MFS – Project Linkage

Will driver be driving: Agency Vehicle Privately Owned Vehicle Combination of Both

Driver Type: Volunteer Driver Paid Driver

Driver Identification:

Name of Driver: _____ Date of Birth: _____

Address: _____

Phone#: _____

Current Driver's Licenses:

State	License Number	Type or Class	Original * Issue Date	Expiration Date

**Show original issue date if license is a renewal. If OR license was originally issued less than five years ago, please list previous license # and state of issue.*

Do you have any license Restrictions? YES NO

If yes, please describe:

Insurance: (For Drivers Using Their Own Vehicles)

Driver's Insurance Company: _____ Policy Number: _____

Name of Insurance Agent: _____ Name of Insured: _____

Driving Experience:

How long have you had a driver's license? _____

Do you have experience driving vehicles larger than a standard passenger vehicle? YES NO

If yes, please describe:

(Over)

Driving Record:

Has your driver's license ever been suspended or revoked? YES NO

If yes, explain why, when and how long. Use an additional sheet if more space is needed.

Have you ever had any traffic violations or convictions? YES NO

Have you ever been involved in any accidents? YES NO

If yes, complete the following for each violation, conviction or accident:

Date	City/State	Description	Type of Vehicle	Fatalities/Injuries	Fine, Penalty or Property Damage

Acknowledgement:

I am in good physical and mental health to safely operate a motor vehicle for the purpose of transporting Ride Connection customers. If my physical or mental health changes I will immediately inform my program manager. If I am taking any medication, now or in the future, I will check with my pharmacist about the advisability of driving, and inform my transportation manager when appropriate.

I understand that my position requires (or may require) me to operate a Ride Connection vehicle or my own vehicle to transport passengers for Ride Connection (or on company business). I understand that Ride Connection and the insurance company writing its automobile insurance require copies of my Motor Vehicle Record (MVR). I also understand that I have a right to see a copy of my MVR.

I understand that my position requires a criminal background check (which may include fingerprinting). I understand that my employer will request my permission prior to obtaining a criminal background check and will notify Ride Connection when I have passed the required check.

The statements made and information given in this application are true. Ride Connection and its insurance company have my permission to obtain my Motor Vehicle Record as required and forward a copy to my employer.

Driver

Signature _____ Date _____

NOTE: Please attach any additional information that you feel would be useful in determining your qualifications for placement, as a special needs transportation driver.