

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: _____

Emergency Contact: _____
Phone Number(s): _____ Relationship: _____

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

Employer Information: _____

Company Name & 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: _____

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 become known to Metropolitan Family Service will result in termination and disqualification as a Project Linkage volunteer regardless when discovered.

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.

Applicant signature: _____ **Date:** _____

PROJECT LINKAGE VOLUNTEER SERVICE INFORMATION FORM

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

TRANSPORTATION

Transport client Y N

If no, go to next section

To medical or other appointment Y N

Shop with client Y N

Drive own vehicle Y N

Make/Model of vehicle _____

Color of vehicle _____

Drive our van Y N

Distance willing to travel _____

Capable of assisting client Y N

Capable of handling client equipment (oxygen tank, wheel chair, walker) Y N

FRIENDLY VISITING

Preference: Male _____ Female _____

I am comfortable with:

Depression Y N

Physical impairments Y N

Memory impairments Y N

Mental illness Y N

Unsanitary environment Y N

Smoker Y N

Ethnic bias Y N

Difficult Personality Y N

HOME MAINTENANCE

Weatherization Y N

Electrical Y N

Plumbing Y N

Carpentry Y N

Painting Y N

Small general repairs Y N

Tools available Y N

HOUSEWORK Y N

Cleaning equipment available Y N

SHOPPING

For the client Y N

Lift/carry groceries Y N

Escort on shopping shuttle Y N

TELEPHONE REASSURANCE Y N

(Usually involves daily phone call to client; good for those who like to volunteer from home.)

YARD WORK

Maintenance (mow, weed) Y N

Tree pruning Y N

Gardening Y N

Leaf raking Y N

Tools available Y N

Able to haul debris Y N

OFFICE HELP

Telephones Y N

Filing Y N

Typing/Word processing Y N

Data entry (MS Access database) Y N

Bulk mailings Y N

Birthday Cards Y N

OTHER

Ongoing relationship with client Y N

One time assignments Y N



**Metropolitan
Family Service**

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.

CRIMINAL BACKGROUND CHECK

Have you lived in another state or country in the past 10 years?

Circle one: YES NO

If YES, please list all cities, states, county or country you have lived in:

Have you ever been convicted of a crime?

Circle One: YES NO

If YES, please complete the following:

Date of conviction and Sentence: _____

Offense: _____

List City, County and State where you were convicted: _____

You will not automatically be excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of the circumstances such as nature of crime, date of conviction, type of work involved, etc.