

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