

Contact Information			
Name	Last:	First:	MI:
Maiden Name/Other Names used:			
Date of Birth	/ /		
Street Address			
City, State, Zip			
Day Phone		Evening Phone	
Cell Phone/Pager			
E-Mail Address			
Driver License Number/State	#: _____	State: _____	BPST#: (for officers)
List all States you have resided in over the past 5 years			
Occupation			
Employer, Address, State, Zip			

Availability		
During which hours are you available for volunteer assignments?		
Weekdays	Weekends	Frequency —How often would you like to volunteer?
<input type="checkbox"/> Mornings	<input type="checkbox"/> Mornings	<input type="checkbox"/> Weekly: ___ Hours per week
<input type="checkbox"/> Afternoons	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Monthly: ___ Hours per month
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Special Projects and Events

Interests	
Tell us in which areas you are interested in volunteering:	Volunteer Category:
<input type="checkbox"/> Sorting/packing food	<input type="checkbox"/> Community Services Hours Requested
<input type="checkbox"/> Deliveries	<input type="checkbox"/> Internship/College Credit Requested
<input type="checkbox"/> Office support (stuffing envelopes, data entry)	<input type="checkbox"/> Regular Volunteer
<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Newsletter production	
<input type="checkbox"/> Website updates	
<input type="checkbox"/> Writing, editing, proofreading	
<input type="checkbox"/> Interest in SD Board/Committees	

Special Skills or Qualifications and Previous Volunteer Experience
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. (You may use a separate piece of paper or continue on back if necessary.)

Non-related references		
Name	Daytime Phone	Mailing Address

Educational Background			
School Name	Dates Attended	Highest Grade Completed	Degree Earned

Person to Notify in Case of Emergency	
Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
Do you have any medical conditions we should be aware of?	

Agreement, Signature and Policy	
<p>Read the following carefully before you sign:</p> <ul style="list-style-type: none"> ◆ All prospective volunteers are subject to a criminal history check. This check is confidential and open to explanations. By signing on the line below, you are both authorizing this background check and confirming that all information listed above are valid and truthful to the best of your knowledge. ◆ A false statement on any part of your application will be grounds for not selecting you, or for removing you from future Sunshine Division assignments. ◆ Volunteers are forbidden to take or use in any way, donations of any kind for personal use or consumption. Failure to comply with this statement is grounds for immediate removal from Sunshine Division's volunteer program and possible criminal prosecution. 	
_____ Signature	_____ Date
_____ Signature of parent or guardian (if volunteer is under 18)	_____ Date
<p>Please return to: Portland Police Sunshine Division 687 N. Thompson/Portland, OR 97227 Fax: 503-823-2118</p>	
<p>It is the policy of The Sunshine Division to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.</p>	
<p>Thank you for completing this application form and for your interest in volunteering with us.</p>	
<p><i>For office use only:</i></p>	
<i>Date Received</i>	_ <i>Background Check Complete</i>
<i>Orientation Notice Sent</i>	_ <i>First Volunteer Activity Completed</i>
<p><small>K:\common\ruw\Pal\VOLUNTEE\VOLUNTEER.FORM.NEW.doc</small> <small>9/10/2008 3:34 PM</small></p>	
<p>www.sunshinedivision.org</p>	