



Thank you for your interest in becoming a Saving Grace volunteer!
All information on this form is confidential. Please return completed application to:
Kellie Prinz, Saving Grace, 1425 NW Kingston Ave. Bend, OR 97701

Name: _____

Address: _____

City, State, ZIP: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact Person: _____ Phone: _____

I am currently: Employed _____ Retired _____ Student _____ Unemployed _____

Name of Workplace: _____

Work Telephone: _____ May we call you at work? _____

If you are comfortable doing so, please indicate your ethnic background: _____

If you have a disability, what accommodations would you need to volunteer with Saving Grace?

How long have you lived in Central Oregon? _____

Reference (work-related preferred): _____ Phone: _____

Why are you interested in volunteering for Saving Grace?

Please describe your other volunteer activities, and list the agencies with which you volunteer (both past and present).

Are you a survivor of domestic violence or sexual assault/abuse? (If yes, when did the assault or abuse happen? Did you seek counseling or other support services? Our intention is to ensure we don't further traumatize recent victims of abuse.)

What volunteer opportunities are you interested in? (Check all that apply)

DIRECT SERVICE OPPORTUNITIES:

Completion of 30-hour training is required prior to direct service with Saving Grace. Job descriptions for volunteer positions are available. Checking a box doesn't oblige you to that opportunity – there will be time to talk about and explore possibilities.

- | | |
|--|---|
| <input type="checkbox"/> Hotline Advocate | <input type="checkbox"/> School Presenter |
| <input type="checkbox"/> Children's Advocate | <input type="checkbox"/> Hospital Response (sexual assault victims) |
| <input type="checkbox"/> Shelter Resident Mentor | <input type="checkbox"/> Tutor |
| <input type="checkbox"/> Court Advocate | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Support Group Facilitator | <input type="checkbox"/> Interpreter - Language: _____ |

SUPPORT SERVICES/OUTREACH OPPORTUNITIES:

The following opportunities require completion of one-hour orientation and “on-the-job” training.

- | | |
|---|---|
| <input type="checkbox"/> Facility Maintenance/Upkeep | <input type="checkbox"/> Marketing/PR |
| <input type="checkbox"/> Office Work (phones, projects) | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Cascade Children's Festival | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Speakers' Bureau | <input type="checkbox"/> Friends of Saving Grace (Crook County only.) |
| <input type="checkbox"/> Special Events (planning, running booth) | |

Is there another volunteer area that you do not see above in which you would be interested?

What special skills, background, degrees, training, or areas of interest do you wish to share as a volunteer? (Examples: computer experience, marketing/PR, counseling, working with children, secretarial, etc.)

Availability: Days of the Week: _____ Hours: _____

How did you learn about volunteer opportunities with Saving Grace?

- | | | |
|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Friend | <input type="checkbox"/> COCC Community |
| <input type="checkbox"/> TV ad | <input type="checkbox"/> Saving Grace | Education Catalog |
| <input type="checkbox"/> Radio Ad | Presentation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Posted Flyer | | |

CONFIDENTIALITY POLICY

CONFIDENTIALITY STATEMENT: It is the policy of Saving Grace to hold confidential all communications, observations and information made by and between or about clients (adults or children), and staff and volunteers of this organization. Furthermore, the address of the shelter, as well as the employment, residence and family addresses of clients, staff and volunteers are to be kept confidential by clients and workers. The names of clients, staff and volunteers are not to be disclosed except with the explicit written permission of the individual involved.

I agree to be bound by these policy regulations in perpetuity (for life).

Signature: _____ Date: _____

VOLUNTEER RELEASE OF LIABILITY

As a volunteer for Saving Grace, I hereby release Saving Grace, all its employees, volunteers, and clients from any and all liability while I am providing temporary shelter or volunteering my services for their advocacy program.

Signature: _____ Date: _____

Saving Grace Employee/Witness: _____ Date: _____

Please return this application to:

**Kellie Prinz, Saving Grace
1425 NW Kingston Ave.**

Bend, OR 97701

Phone: (541) 504-2550 x2