

Thank you for your interest in becoming a Saving Grace volunteer! We serve all people, regardless of age, gender, sexual orientation, marital status, language, race, creed, color, ancestry, national origin, physical/mental disability, veteran status, culture, economic/education/religious background, or immigration status. All information on this form is confidential.

Please return completed application to:

Jenna McCann, Saving Grace, 1004 NW Milwaukee Ave Suite 100 Bend OR 97703 Or by email to: jenna.m@saving-grace.org

Name:			
Address:			
City, State, ZIP:			
Home Phone:			
E-mail Address:			
Emergency Contact Person:	Phone:		
	s would you need to volunteer with Saving Grace?		
II			
How long have you lived in Central Oregon?			
Reference (work-related preferred):	Phone:		
W. 1			

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).

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

DIRECT SERVICE OPPORTUNITIES:

Completion of 40-hour training is required prior to direct service with Saving Grace. Checking a box doesn't oblige you to that opportunity – there will be time to talk about and explore possibilities.

	I want to provide resources and support		I want to accompany Saving Grace clients
	to callers on the 24-Hour Helpline		to court
	I want to be part of the community		I want to facilitate Domestic Violence
	coordinated response to sexual assault		Support Group
	I want to help people fill out temporary		I can provide interpreter services in the
	restraining orders		following language(s):
Ar	e you open to committing to an average of one vol	unto	eer shift a week for at least one year after
CO1	mpleting the 40-hour training?		
	□ Yes		
	□ No		

SUPPORT SERVICES/OUTREACH OPPORTUNITIES:

The following opportunities require completion of orientation and specialized training.

☐ I'd like to help with repairs and facility ☐ I'd like to help with a Saving Grace event ☐ I'd like to host a special fundraiser maintenance ☐ I'd like to help with seasonal projects ☐ I'm interested in joining the Saving Grace Board of Directors 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: marketing/PR, counseling, working with children, secretarial, etc.) Availability: Days of the Week: ______Hours: ____ How did you learn about volunteer opportunities with Saving Grace? □ Posted Flyer □ Newspaper □ COCC Community □ TV ad □ Friend Education Catalog □ Radio Ad □ Saving Grace Presentation □ Other: _____ CRIMINAL HISTORY VERIFICATION OF APPLICANTS Saving Grace requires a background check for all staff and volunteers. The information you provide and results from the background check are kept private, confidential and secure. Although a disqualification is possible, in accordance with federal and state laws, a previous conviction does not automatically disqualify you from consideration for a staff or volunteer position. Have you been convicted of a misdemeanor or a felony within the last seven (7) years? (circle one) yes If YES, please comment: no

A check of your criminal history will be made to verify the responses to the preceding questions.

AUTHORITY TO CONDUCT BACKGROUND INVESTIGATION

As a volunteer applicant for **Saving Grace**, I hereby authorize **Saving Grace** to conduct a routine criminal investigation and DMV check to determine my qualifications to participate in the organization. I understand that such a background investigation is being conducted solely for the purpose of protection and prevention of any harm to **Saving Grace** and/or its clients. All information will remain confidential as required by state and federal statutes. I understand that all available police and criminal records will be checked.

Signature:			Date:		
Full Name: Please Print:		Middle	Last		
Any other birth	or prior Name(s)	:			
•	1 ,,	Drivers License #			
Please list any st	tates in which you	have lived in the last ten year	ars:		
	<u>C</u>	ONFIDENTALITY POL	<u>ICY</u>		
		MENT: It is the policy of Sav	_		
		d information made by and		`	
children), and st	aff and volunteer	rs of this organization. Furth	nermore, the ac	ddress of the shelter,	
as well as the en	nployment, reside	nce and family addresses of	clients, staff a	nd volunteers are to	
be kept confide:	ntial by clients and	d workers. The names of clie	ents, staff and	volunteers are not to	
be disclosed exc	cept with the expli	icit written permission of the	e individual in	volved.	
I agree to be bo	und by these poli	cy regulations in perpetuity ((for life).		
Signature:		Da	ate:		

VOLUNTEER RELEASE OF LIABILITY

As a volunteer for Saving Grace, I nereby release	Saving Grace, all its employees, volunteers, and
clients from any and all liability while I am volunt	teering my services for their advocacy program.
Signature:	Date:
Saving Grace Employee/Witness:	Date:
Please return this a	application to:
Jenna McCa Grace 1004 NV Ave Sui Bend, O	W Milwaukee ite 100

jenna.m@saving-grace.org
Phone: (541) 815-5850