



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](mailto:jenna.m@saving-grace.org)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, ZIP: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_  
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).

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.

- |   |   |
|---|---|
| <input type="checkbox"/> I want to provide resources and support to callers on the 24-Hour Helpline | <input type="checkbox"/> I want to accompany Saving Grace clients to court                      |
| <input type="checkbox"/> I want to be part of the community coordinated response to sexual assault  | <input type="checkbox"/> I want to facilitate Domestic Violence Support Group                   |
| <input type="checkbox"/> I want to help people fill out temporary restraining orders                | <input type="checkbox"/> I can provide interpreter services in the following language(s): _____ |

Are you open to committing to an average of one volunteer shift a week for at least one year after completing 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 maintenance
- I'd like to help with seasonal projects
- I'd like to help with a Saving Grace event
- I'd like to host a special fundraiser
- 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?

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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.)

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**Availability:** Days of the Week: \_\_\_\_\_ Hours: \_\_\_\_\_

How did you learn about volunteer opportunities with Saving Grace?

- Newspaper
- TV ad
- Radio Ad
- Posted Flyer
- Friend
- Saving Grace Presentation
- COCC Community Education Catalog
- 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    no            If YES, please comment:

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**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 volunteering my services for their advocacy program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Saving Grace Employee/Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this application to:**

**Jenna McCann, Saving  
Grace 1004 NW Milwaukee  
Ave Suite 100  
Bend, OR 97703  
[jenna.m@saving-grace.org](mailto:jenna.m@saving-grace.org)  
Phone: (541) 815-5850**