



# Volunteer Program

## Information and Application

# Application Process

1. Call Living Opportunities Administration Office at 541-772-1503 and make an appointment with Human Resources to return your completed application packet and conduct a background check. Bring these forms and your photo ID (and insurance card if driving as part of your volunteer experience) with you. Only a few employees are allowed to conduct background checks and they are not always available, so it is best to schedule an appointment to be sure a qualified person is here when you return your application.
2. Human Resources will notify the Studio & Volunteer Coordinator when the results are received. Be patient. Sometimes this may take several weeks, depending on your individual circumstances and the workload in the state Criminal History Check office.
3. When approved, the Volunteer Coordinator will contact you to arrange time for an orientation and scheduling your specific volunteer activities.

## Volunteer Checklist

- Application & Reference Check Release Form completed & signed?**
- Release of Liability signed?**
- Motor Vehicle Driving History release completed & signed (if driving)?**
- Media Release signed or declined?**
- Called 541-772-1503 & scheduled my appointment for background check.**

**My appointment with Living Opportunities Human Resources staff is:**

\_\_\_\_\_ at \_\_\_\_\_ am/pm

Living Opportunities' Admin Office: 717 Murphy Road. Medford OR 97504

# NOTES



# Living Opportunities Inc.

## Volunteer Basic Application--Work with Individuals/small groups

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code

Phone: ( ) E-mail Address: \_\_\_\_\_

What would you like to do as a Volunteer? What do you hope to gain from your volunteer experience? Use the reverse side if you need more space.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Phone : \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Qualifications

*Describe any Employment, Training, Skills and/or Life Experiences relevant to volunteer activities at Living Opps*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### References

*I authorize LOI to contact the following references: .*

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. I hereby release, indemnify, and hold harmless Living Opportunities, its directors and officers, employees, successors, assigns, legal representatives, organizers, sponsors, and supervisors of its activities from any and all claims, causes of actions and liability arising from or in any way connected with my volunteer participation with Living Opportunities.*

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

Oregon requires a background check of everyone volunteering to work with vulnerable individuals. This information is highly confidential and only qualified persons may receive the form and verify your identification. If a qualified individual is not available when you complete the application, please call 541-772-1503 in advance to schedule a time to do the criminal history check. In some instances, fingerprints may also be required. Aug 2016-destroy prior versions

## VOLUNTEER LIABILITY RELEASE

I, \_\_\_\_\_, hereby release Living Opportunities, Inc. from any and all liability claims, demands, or causes of action which may arise during the course of my volunteer activities with Living Opportunities, Inc. (organization). I understand and acknowledge that I am not an employee and will not be covered by the organization's workers' compensation insurance. I further understand and acknowledge that I am personally and financially responsible for any injuries, accidents, or financial encumbrances that I may incur while serving in a volunteer capacity for the organization. I further agree to indemnify and hold the organization harmless in the event an injury to my person or other loss occurs while serving in a volunteer capacity.

\_\_\_\_\_  
Volunteer's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator's signature

\_\_\_\_\_  
Date



## Authorization to Obtain Driving Record

### VOLUNTEER

I the undersigned applicant volunteer with Living Opportunities hereby authorize the release of my individual driving record. I understand and agree that the information contained on my driving record is used to evaluate my acceptability as a driver, and that this form will be made a part of my volunteer application. I certify that the information below is true and complete to the best of my knowledge.

Please Print:

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Mid Initial: \_\_\_\_\_

DOB: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PHOTO/VIDEO  
RELEASE FORM**



I, \_\_\_\_\_ (please print) hereby authorize Living Opportunities, Inc. to use my name, visual image (photo) &/or voice (video) in public & private presentations and advertising. I understand my right to review use of my image and to withdraw this consent, verbally or in writing, at any time. This permission is in effect until it is specifically revoked by me. If this consent is revoked, verbally or in writing, a new signed consent will be required if I change my mind.

\_\_\_\_\_  
PRINT Individual's Name

\_\_\_\_\_  
Signature of individual or legal representative (guardian)  
(copy of letters of appointment issued by the court are attached)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of witness (required if individual is unable to sign  
and there is no court-appointed legal guardian)

\_\_\_\_\_  
Relationship