

Powerhouse

Volunteer Application

5605 E. Burnside, Ste. 207, Portland, OR 97215

Providing networks of support, housing and resources to young people aging out of foster care

(Office Use Only)

ID #:

Vol Donor

News Host

PAC Other

First Name (please print)			MI	Last Name		
Mailing Address						Apt. #
City		State		Zip		
()	()	()	()	()	()	
Home Phone		Message Phone		Work Phone		
()	()	()	()	()	()	
Cell Phone		Fax		E-mail		
Date of Birth			Male	Female		

Please indicate any times you are definitely UNAVAILABLE: _____

Do you need accommodations to perform volunteer services? Yes No

What type of accommodations do you need? _____

How did you hear about Powerhouse? _____

Race/Ethnicity: Please mark your primary race/ethnicity.

Hispanic African American/Black Pacific Islander Asian American

White/Caucasian/European American American Indian or Alaska Native

Specify ethnic group(s) _____

Employer Information: Some employers have programs that match your volunteer hours with monetary gifts. We also like to let your supervisor know about the valuable community service you perform.

Place of employment: _____

Address: _____

Name of Direct Supervisor: _____

Name of Community Involvement Coordinator, if applicable: _____

Personal References: Please list three references in the space provided on the back of this sheet. References should have known you for at least six (6) months, not be relatives or live in the same household. Please fill out completely. Thank you.

Reference 1:

First & Last Name:	
Mailing Address:	
City, State, Zip:	
Phone:	

Reference 2:

First & Last Name:	
Mailing Address:	
City, State, Zip:	
Phone:	

Reference 3:

First & Last Name:	
Mailing Address:	
City, State, Zip:	
Phone:	

STATEMENT OF CONFIDENTIALITY**1. CLIENT INFORMATION**

It is expected that all volunteers will maintain the privacy of client information except as information is necessarily exchanged in the performance of work. Failure to maintain such confidentiality will result in disciplinary action up to and including termination.

2. ORGANIZATION INFORMATION

In addition to mandating client privacy, the Organization also deserves appropriate confidential treatment. While it is understood that volunteers will discuss their places of volunteerism, specific references to particular incidents that have a negative impact on the Organization's image, staff, or other volunteers are not condoned. Failure to demonstrate due respect will result in disciplinary action up to and including termination.

3. VOLUNTEER INFORMATION

In accordance with Organization philosophy, volunteer information will be handled in the strictest of confidence. Legal subpoenas will be responded to. However, no personal information will be released without the volunteer's authorization. Confirmations of current or past volunteer information are made, but no reference material relating to performance will be given.

4. SUMMARY

Any volunteers who have questions or concerns about this policy are invited to contact Tom Mitchell, ED, The Inn, Inc. at 503-777-6317, x. 10.

I certify that all statements contained herein are true and complete whether made by me or others at my request. I have read and understand the above confidentiality policy.

Signature _____

Date _____

Powerhouse Mentoring, a program of The Inn, Inc.

Emergency Contacts	
Employee's Name:	_____
Phone Number:	Home: _____
	Cell: _____
Birthday:	_____
Emergency Contact 1:	_____
Relationship:	_____
Address:	_____
City, State, Zip:	_____
Day Phone:	_____
Evening Phone:	_____
Emergency Contact 2:	_____
Relationship:	_____
Address:	_____
City, State, Zip:	_____
Day Phone:	_____
Evening Phone:	_____

Powerhouse Volunteer Release Form

EFFECTIVE DATE: 10/01/07

Purpose: To provide a framework wherein volunteers understand the context in which they might interact with powerhouse participants

- I understand that while I am a volunteer at Powerhouse I will be working with some participants who are legally adults and others who may still be minors.
- I will not hold Powerhouse responsible for the actions of the participants with whom I may interact. I will not hold Powerhouse responsible for loss of property or damage resulting from actions of the participants in the program.
- I assume responsibility for the activities and locations in which I involve myself with participants and do not hold Powerhouse responsible for events that may occur there.
- I accept and assume responsibility for any and all risks of personal damage or injury which occur during activities or resulting from my participation as a volunteer in this program.
- I agree to inform volunteer staff of any concerns regarding incidences involving participants in the program or that might impact the program itself. I also understand that I am mandated by law to report suspected abuse and/or neglect that I may be aware of involving minors served by Powerhouse.
- I understand that Powerhouse is a drug-and-alcohol-free program and I understand that I should refrain from the use of such substances when participating in Powerhouse activities or events.
- I understand that Powerhouse will make reasonable efforts to inform me of any concerns that could pose risks to volunteers but further acknowledge Powerhouse can not prevent all incidents from occurring.
- I give Powerhouse permission to use my written quotation or picture in a replicated fashion in a brochure, pamphlet, flyer or informational publication designed to promote or enhance the program, Powerhouse. This release may be revoked at any time.

I have read and understand the above release form.

Signature

Date

EXPLANATION OF INSURANCE COVERAGE

For Registered Volunteers of Powerhouse, a Partner of The Inn, Inc.

The Inn, Inc., as fiscal agent for Powerhouse, offers the following free-of-charge supplemental insurance coverage to registered Powerhouse volunteers while they are volunteering at Powerhouse.

- Accident Insurance: This is in excess of your own medical coverage and covers you for personal injury while you participate in program-sponsored activities. It has a \$50,000 limit and a \$50 deductible.
- Accidental Death and/or Dismemberment: \$5,000 coverage for either should the death or dismemberment occur while involved in program activities.

The Inn, Inc. requires all volunteers that wish to qualify for supplemental insurance coverage while using their vehicle in their capacity as a volunteer to carry automobile liability coverage as mandated under Oregon law.

Note: We must verify current auto insurance coverage. Please bring the insurance card provided by your insurer that you are required to carry in your vehicle to the New Mentor Training. We simply need to verify that your coverage is current. Thank you for your cooperation with this important procedure.

This statement does not apply to vehicles owned by the Inn, Home for Boys, Inc.

If you do not use your vehicle for organization business/volunteering and you not plan to use it in the future for such, the information referring to automobile insurance coverage does not apply to you. You do, however, qualify for the supplemental insurance coverage while engaged in Powerhouse volunteering other than operating a motor vehicle.

I have read the above and agree to all provisions as stated.

Volunteer's signature

Date

Volunteer Information Form

1. Why are you interested in volunteering with Powerhouse?

2. Please tell us about any skills, hobbies/interests, trainings, or personal strengths that you have and if you would be willing to share them with a young adult (i.e. money skills, sports, health, organization, etc).

3. What do you like to do in your free time?

4. How would you describe yourself?

5. Please tell us any circumstances in which you would be **uncomfortable** working with a young adult (i.e.: if the young adult has experienced abuse, drug and alcohol issues, grief and loss, etc.).

6. Please tell us what you would be interested or willing to do with Powerhouse. (i.e. do you want to work with young adults, lead groups, work behind the scenes, etc.)

7. Is there anything else you think would be important for us to know about you or you would like to add?

Background Check Required Information

I acknowledge that I give the Powerhouse Mentoring Program permission to use the following personal information to conduct a portion of their background check process. I understand that this page will be removed from my file and shredded when the background check is completed.

Signed _____ Date _____

Name, as stated on your drivers license:

Drivers license number and state in which it was issued:

Social Security number: