

Volunteer Application



Contact Information

Print Full Name <i>(include middle name)</i>	First _____ Middle _____ Last _____
Street Address	
City, State ZIP	
Home Phone	
County	
Cell Phone	
E-Mail Address	
Place of Employment	
Date of Birth (mo/day/yr)	T-shirt Size _____

Availability

During which hours are you available for volunteer opportunities?

Weekdays Weekends Anytime

Interests

Tell us in which areas you are interested in volunteering or add your own.

Kids Camps:	Seeds of Hope:	Other Skills/Interest:
<input type="checkbox"/> Basketball Camp Volunteer	<input type="checkbox"/> Shop for Family items	<input type="checkbox"/> Administration
<input type="checkbox"/> Basketball Camp Coach	<input type="checkbox"/> Other <i>write in</i> _____	<input type="checkbox"/> Bereavement
<input type="checkbox"/> Football Camp Volunteer	<input type="checkbox"/> Other <i>write in</i> _____	<input type="checkbox"/> Building/Construction
<input type="checkbox"/> Football Camp Coach		<input type="checkbox"/> Cooking
<input type="checkbox"/> Fishing Derby Volunteer	Special Events:	<input type="checkbox"/> Data entry/Paperwork
<input type="checkbox"/> Fishing Derby Guide	<input type="checkbox"/> Tree Sale	<input type="checkbox"/> Field/Outdoor work
<input type="checkbox"/> Soccer Camp Volunteer	<input type="checkbox"/> The Giving Tree	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Soccer Camp Coach	<input type="checkbox"/> Other <i>write in</i> _____	<input type="checkbox"/> Marketing/Design
<input type="checkbox"/> Baseball Camp Volunteer	<input type="checkbox"/> Other <i>write in</i> _____	<input type="checkbox"/> Photography
<input type="checkbox"/> Baseball Camp Coach		<input type="checkbox"/> Promo table/advertising
<input type="checkbox"/> Music Camp Volunteer	Golf Tournament:	<input type="checkbox"/> Set-up at Events
<input type="checkbox"/> Track Camp Volunteer	<input type="checkbox"/> Soliciting	<input type="checkbox"/> Sewing/Crafts/Floral
<input type="checkbox"/> Track Camp Coach	<input type="checkbox"/> Registration	<input type="checkbox"/> Speaking
<input type="checkbox"/> Other <i>write in</i> _____	<input type="checkbox"/> Hole Games	<input type="checkbox"/> Tear down at Events
<input type="checkbox"/> Other <i>write in</i> _____	<input type="checkbox"/> Set-up	<input type="checkbox"/> Volunteer coordination
<input type="checkbox"/> Other <i>write in</i> _____	<input type="checkbox"/> Clean Up	<input type="checkbox"/> Video/Technical
<input type="checkbox"/> Other <i>write in</i> _____	<input type="checkbox"/> Other <i>write in</i> _____	<input type="checkbox"/> Writing
<input type="checkbox"/> Other <i>write in</i> _____	<input type="checkbox"/> Other <i>write in</i> _____	<input type="checkbox"/> First-Aid
		<input type="checkbox"/> Other <i>write in</i> _____

Please return Volunteer Application by:

Email to: info@SeeYaLater.org

Mail to: PO Box 1281, McMinnville, OR 97128

Drop off: 1016 NW Adams St., McMinnville, OR 97128 (outside locked mail slot)

Continue on next page!

Special Skills or Qualifications or Hobbies

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies (handcraft/make items) or sports.

Credentials

Please list any Credentials you may have. [Medical, Professional, etc.]

Volunteer Interest

Summarize the volunteer interest you have with "See Ya Later" Foundation.

Request for Background Records Check if interest in Kids Camps

Annual background checks may be administered.

Today's Date	
Signature	
Aliases/Maiden Name (if applicable)	
Date of Birth (mo/day/yr)	Male _____ or Female _____
Place of Birth	
Social Security Number	
Previous Street Address 1	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Upon completion of the Background records check, critical numbers and dates will be obscured.

This form and the criminal records report will be securely filed.