

Contact Information

Print Full Name (include middle name)	First	Middle	Last	:
Street Address (City,St.ZIP)				
Mailing Address (City,St.ZIP)				
County				
Home Phone				
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:
Basketball Camp Volunteer	Shop for Family items	Administration
Basketball Camp Coach	Other write in	Bereavement
Football Camp Volunteer	Other write in	Building/Construction
Football Camp Coach		Cooking
Fishing Derby Volunteer	Special Events:	Data entry/Paperwork
Fishing Derby Guide	Tree Sale	Field/Outdoor work
Soccer Camp Volunteer	Lunch or Breakfast event	Fundraising
Soccer Camp Coach	Poker Run/Car Show	Marketing/Design
Karate Camp Volunteer	5K/10K Run	Photography
Music Camp Volunteer	Other write in	Promo table/advertising
Track Camp Volunteer	Golf Tournament:	Set-up or Tear Down
Track Camp Coach	Soliciting	Sewing/Crafts/Floral
Other write in	Registration	Speaking
Other write in	Hole Games	Spanish translator
Other write in	Set-up	Volunteer coordination
Other write in	Clean Up	Video/Technical
Other write in	Other write in	Writing
Other write in	Other write in	First-Aid
		Other write in

Please return Volunteer Application by: Email to: <u>info@SeeYaLater.org</u>

Continue on next page!

Mail to: PO Box 1281, McMinnville, OR 97128 Drop off: 1016 NW Adams St., McMinnville, OR 97128 (outside locked mail slot)

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.