



# VOLUNTEER APPLICATION

**Please provide all requested information –  
Please provide a copy of your current resume with your completed application.**

PERSONAL INFORMATION			
(Please Print) First Name	Middle	Last Name	Date of Application
Street Address			Home Telephone
City	State	Zip Code	Business Phone
Email Address: _____			Cell Phone
Have you ever been EMPLOYED with us before? An IYS CLIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, when? _____ Which program did you work in or receive services from?			Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about us? <input type="checkbox"/> Friend/Family <input type="checkbox"/> Newspaper <input type="checkbox"/> IYS Website <input type="checkbox"/> IYS Fundraiser <input type="checkbox"/> Company / Professional Affiliation <input type="checkbox"/> Live Near IYS Location <input type="checkbox"/> Volunteer Fair <input type="checkbox"/> www.VolunteerMatch.org <input type="checkbox"/> Other _____ Did someone refer you to us? If yes, who (name) _____			Have you ever VOLUNTEERED with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No At which program / location and position: _____
Do you have a preferred location / program? Please Indicate: _____ If you are not sure please check off a general area below: <input type="checkbox"/> Administration <input type="checkbox"/> Special Events <input type="checkbox"/> Working with Youth			Emergency Contact Name: _____ Emergency Contact Phone Number: _____ Relation to you: _____

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**Integral Youth Services • 115 North 10<sup>th</sup> Street Klamath Falls OR 97601 • [www.iyskfalls.org](http://www.iyskfalls.org)  
Development Director Phone: 541.810.3020 • Fax: 541.885.6809 • Email: [robynpierson@iyskfalls.org](mailto:robynpierson@iyskfalls.org)**



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AVAILABILITY TO VOLUNTEER			
Day of the Week	Time of Day	Season	Commitment
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	<input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> All Year	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> 3 - 8 weeks <input type="checkbox"/> 3 - 6 months <input type="checkbox"/> 6 - 12 months

INDICATE [x] WHICH TYPE OF VOLUNTEERING YOU WISH TO PURSUE			
<b>WORK DIRECTLY WITH CHILDREN</b>		<b>May require a full, criminal background investigation and reference checks.</b> May also include driving background check and drug testing. <b>No one-on-one contact with children without a criminal background investigation.</b>	Examples include: provide homework help and tutoring, assist with assigned reading, teach arts and crafts, social interaction and games.
<b>ASSIST WITH SPECIAL EVENTS</b>		Contact with children is limited to supervised situations. <b>No one-on-one contact with children without a criminal background investigation.</b>	Examples include: fundraising; assist with organizing and running events, youth field trips.
<b>WORK DIRECT WITH STAFF</b>		No contact with children. <b>Background check may be required, including verification of credentials.</b>	Examples include: provide administrative support; conduct specialized training or mentoring.
<b>OTHER</b>		Please explain:	

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Program Areas	Board of Directors	Administrative	Special Events
<input type="checkbox"/> <b>EXODUS HOUSE:</b> Prepare and Serve Meals, Youth Field Trips <input type="checkbox"/> <b>GIFTS FROM THE HEART:</b> Store Sales Help <input type="checkbox"/> <b>HOMELESS EDUCATION:</b> Sorting Clothes, Shoes, Coats, School Supplies and Hygiene Products <input type="checkbox"/> <b>INDEPENDENT LIVING PROGRAM:</b> Presenters and Coaches in the Areas of Career, Education, Housing, Health & Safety <input type="checkbox"/> <b>TRANSITIONAL LIVING PROGRAM:</b> One-on-one Mentoring for TLP Youth, Presenters and Coaches for Learning Sessions, Data Entry, Sort Donations <input type="checkbox"/> <b>SUMMER LUNCH PROGRAM:</b> Serving free meals at Lunch Sites County-wide <input type="checkbox"/> <b>YOUTH CENTER:</b> Homework Assistance, Reading Assistance, Teach Arts and Crafts, Socialize with Youth and Play Games	<input type="checkbox"/> Board Involvement	<input type="checkbox"/> Clerical Help <input type="checkbox"/> Data Entry <input type="checkbox"/> Consulting (i.e. Financial, Legal, Marketing, PR) <input type="checkbox"/> Graphic Design, Photography, Video <input type="checkbox"/> Information Fair Representative <input type="checkbox"/> Translations into Spanish	<input type="checkbox"/> Annual "Diamonds in the Rough" event; auction and event planning <input type="checkbox"/> Other Fundraising events and projects

TRAINING/SKILLS
<p>The above is only a sampling of volunteer opportunities at Integral Youth Services. Please list any special skills or areas of interest that were not represented above – the back of this sheet may be used if needed:</p>
<p>Are you Bilingual? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, what language do you speak or write?</p>

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CURRENT (OR LAST) EMPLOYER	
Company Name	Telephone (    )
Supervisor	Telephone (    )
Address	Employed (month & year) From:                      To:
Job Title:	<input type="checkbox"/> Full time job <input type="checkbox"/> Part time job <input type="checkbox"/> Seasonal job
List Job Responsibilities:	Web Site:

REFERENCES			
Complete information for at least three references. <b>Former employers/supervisors are preferred.</b>			
Name	Kind of Reference (Personal or Professional)	How do you know this person? ( e.g. Supervisor, Co-Worker, Friend, please explain)	Phone Number (REQUIRED)

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## Disclosure Section

My signature below certifies:

- All statements and information submitted on this application are true and correct.
- IYS is authorized to conduct reference check(s) as part of a background investigation.

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Applicant Signature

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Date Signed

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## AUTHORIZATION: CRIMINAL BACKGROUND INVESTIGATION

Integral Youth Services (IYS) may require applicants being considered for volunteer opportunities to undergo a criminal background investigation. *Please note that some volunteer opportunities may require the applicant to assume the cost of the \$60 fee for the background check.*

*Results gathered from the criminal background check may be cause for immediate disqualification from the employment process and any volunteer activities.*

### The following crimes are of particular concern:

- Sexual conduct, abuse, exploitation or molestation of a minor
- Commercial sexual exploitation of a minor
- Contributing to the delinquency of a minor
- Crime against children
- Larceny, burglary, robbery
- Manslaughter, murder
- Felony or misdemeanor offenses involving the possession, sale, distribution, transportation or use of marijuana, dangerous drugs or alcohol
- Incest
- Kidnapping
- Arson
- Assault or aggravated assault
- Domestic violence
- Crimes involving weapons

- **Have you ever been convicted of, admitted committing, or are you awaiting trial for any of the above, or similar, crimes?** YES \_\_\_\_\_ NO \_\_\_\_\_
- **Have you been arrested for any crime within the past three (3) years?**  
YES \_\_\_\_\_ NO \_\_\_\_\_
- **Are you willing to assume the cost of the criminal background check?**  
YES \_\_\_\_\_ NO \_\_\_\_\_

I authorize IYS, and any agency they may contact, to conduct a complete criminal background investigation. I also release such agencies from liability for any information that they may provide.

I certify that the above answers and information are true and correct:

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date

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## INTEGRAL YOUTH SERVICES CONFIDENTIALITY STATEMENT

While volunteering with Integral Youth Services (IYS), information about the lives, abilities, and concerns of youth may be shared with you. This information is of a confidential nature.

You must understand and respect the rights of privacy of our youth and their families.

You are required to use sound judgment in handling confidential information, including reproducing copies of documents or disseminating information inside or outside the organization.

Similar to an IYS employee, you as a volunteer are bound by a code of ethics to keep confidential matters within the confines of this organization.

You may not discuss such information with anyone who does not have a professional right to know.

I understand and will abide by the IYS policy of confidentiality as stated above.

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Print Name

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Signature

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Date

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