



## Volunteer Application

<b>Name</b>		
<b>Home Phone</b>	<b>Message Phone</b>	<b>Work Phone</b>
<b>Mailing Address:</b>	<b>City:</b>	<b>Zip</b>
<b>Street Address:(if different from above)</b>		
<b>E-mail Address:</b>		
<b>Have you lived in another state in the last five years? ___Yes ___No</b> <b>If yes, which state(s):</b>		
<b>Date of Birth</b>	<b>Social Security Number</b>	
<b>Emergency Contact person</b>		<b>Phone</b>
<b>Have you ever been convicted of a crime?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b>		
<b>If "Yes", please explain:</b>		
<b>Do you object to our agency running a background check on you? ?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b>		
<b>Occupation (current or before retirement)</b>		
<b>Education and training background:</b>		
<b>Experience with teens:</b>		
<b>If you have a disability and require accommodations to perform your assignment, please indicate:</b>		

(OVER)

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<b>How did you hear about this program?</b>		
<b>Personal References:</b> Please list complete mailing address with zip code. References should have known you for at least 6 months, not be relatives or live in the same household.		
<b>Name</b>	<b>Address</b>	<b>Phone</b>
<b>Name</b>	<b>Address</b>	<b>Phone</b>
<b>Name</b>	<b>Address</b>	<b>Phone</b>
<b>Signature</b>	<b>Date</b>	

**For Office Use Only**

Screening Process	Date Completed
<b>Criminal Record Check</b>	
<b>Personal References</b>	
1.	
2.	
3	

Training	Date Received
<b>Intro to ASPIRE (required)</b>	