



Nordic Northwest
8800 SW Oleson Road
Portland, OR 97223
503-977-0275

Info@NordicNorthwest.org

Nordic Northwest embraces volunteers and strives to provide opportunities that deepen community, share the experience of the cultural heritages represented and advance its mission and vision—and have fun together.

We seek to create a safe community for all, and have adopted common standards for volunteers, including varying levels of screening forms depending on length of volunteer commitment and age, particularly children, of attendees served. This also protects you as a volunteer and your family, friends, children, grandchildren, nieces, nephews, etc. who are enjoying an event or program at NNW

We truly appreciate your giving your time to fill this in, and are always looking for ways to make the process easy, efficient, and representative of the high value we place on you, our volunteer. If you have suggestions for us please contact: info@nordicnorthwest.org or 503-977-0275

VOLUNTEER INFORMATION

All information in this document is confidential.

Name/Last _____ First _____ Middle _____
 (Use legal name)

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Physical Limitations _____
 (Be specific; if none, write none)

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship _____ Day Phone () _____

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. I hereby release all parties from any liability for furnishing this information.

Signature of Applicant _____ Date _____

Nordic Northwest acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to [nonprofit] I also give [nonprofit] my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____