



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 the 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 you 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 () _____

Date of Birth _____ Physical Limitations _____
 (Month/Day) (Be specific; if none, write none)

EMPLOYMENT HISTORY

Name of current employer (if applicable) _____ Phone () _____

Address _____ Date Employment Began _____

Name of Supervisor _____ Job Title _____

May we contact employer? Yes No Description of duties _____

Does your employer have a community partnership? Yes No

REFERENCES (Personal or professional; not a relative)

Name _____ Relationship _____ Phone () _____

Address _____

Name _____ Relationship _____ Phone () _____

Address _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship _____ Day Phone (____) _____

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DRIVING INFORMATION

If you are volunteering for a position that requires driving, Nordic Northwest requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?

Yes _____ No _____

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to Nordic Northwest, so that they can be filed with this application. I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier _____ Policy # _____

Driver's License # _____ State of Issue _____ Expiration Date _____

Signature of Applicant _____ Date _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you?

Yes _____ No _____ If yes, please explain below.

(Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to those details relevant to the proposed volunteer responsibilities. **Some volunteer positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.**)

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 and falsification on this application can disqualify me from consideration or result in my volunteer services being denied. My signature below provides my authorization to Nordic Northwest to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for volunteer service.

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 _____