

Good Neighbor Center

11130 SW Greenburg Road

Tigard, OR 97223

Phone: 503-443-6084

Fax: 503-443-3745

VOLUNTEER APPLICATION

Today's Date _____ Full Name _____

Home Phone # _____ Date of Birth _____

Home Address _____ City/State/Zip _____ E-

mail Address _____

Employer _____ Work Phone _____

Group/Church Affiliation _____

How did you hear about the Good Neighbor Center? _____

Have you volunteered with us before? No _____ Yes _____ If so, what did you do?

Are you bilingual? No _____ Yes _____ If yes, what language(s)? _____

Please list skills, hobbies, or interests you would like to contribute to your volunteer work

Days you are available to volunteer (please circle): Mon Tues Wed Thurs Fri Sat Sun

Hours you are available? _____

How often are you willing to make a volunteer commitment? _____

Emergency Contact Name _____ Phone _____

Please list two references:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please indicate your reason for volunteering:

School Experience?

Community Service?

Church Affiliation?