



Formerly Birth To Three

Volunteer & Intern Application Form

Legal Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Address: _____
Street Number City State Zip

STUDENTS: PLEASE INCLUDE Permanent Address & Phone (if different from above):

Permanent Phone: _____

Permanent Address: _____
Street Number City State Zip Country

If you are a student, where do you go to school? _____ Year/Grade: _____

Education/Major/Training: _____

Expected graduation date: _____

Occupation: _____ Employer: _____

Languages spoken (other than English): _____

Have you ever done volunteer work before? _____ What & where? _____

Where did you hear about us? _____ Explain why you are interested in volunteering with Parenting Now!

Were you in a Parenting Now!/Birth To Three group as a baby? Year: _____ As a parent? Year: _____

Convenient times for you to volunteer are: Mornings ___ Afternoons ___ Evenings ___

How many hours can you volunteer? Weekly _____ Monthly _____

I will be a (check one):

Volunteer: ___ **---OR---** **Intern/Practicum Student:** ___ From _____ term to _____ term, 20___ Dept: _____

If an Intern/Practicum Student, who is your UO supervisor? _____ Phone: _____

PLEASE COMPLETE OTHER SIDE

For Office Use

Date Rec'd: _____ Orientation: _____ Criminal Record Ck: _____ DB: _____ Copy to: _____ Photo? _____



Statement of Confidentiality, Criminal Conviction Policy & Criminal Background Check

All information about Parenting Now! families is confidential. Staff and volunteers may have regular meetings to enable open discussion of any concerns or problems. These meetings as well as telephone conversations or one-on-one contacts with staff are the appropriate ways to share concerns of a confidential nature. Protection of the identity of group participants will be maintained within the group. All written files are strictly confidential and contents are not to be disclosed. Casual disclosures to friends or family members are not only potentially harmful, but are also illegal. Breach of confidentiality may result in dismissal. Parenting Now! is required to report child abuse to the State Office of Services to Children and Families. Volunteers and staff members are responsible for privately discussing any out-of-the-ordinary behavior that they may observe, with Parenting Educator or other site supervisor. Parenting Now! will run criminal checks on volunteers working with children and families. I agree to a criminal background check per ORS 181.555 and ORS 181-560.

I understand and agree to comply with the above statement.

Signature of Volunteer _____

Date _____

Parenting Now! will run criminal checks on volunteers working with children and families. Please answer the following:

- (1.) Have you ever been convicted of a crime involving offenses against children? Yes: ___ No: ___
- (2.) Have you ever been convicted of a crime involving harm to another person, or any other offenses against persons? Yes: ___ No: ___
- (3.) Have you ever been convicted of a crime involving dishonesty, theft or other offenses against property? Yes: ___ No: ___
- (4.) Within the past 10 years, have you been convicted of a crime involving possession of a controlled substance? Yes: ___ No: ___
- (5.) Have you ever been convicted of any other crime? Yes: ___ No: ___ If yes, please explain: _____
- (6.) Have you ever been involved with DHS Child Welfare? Yes: ___ No: ___
- (7.) Have you ever been involved with DHS Child Welfare & your case was considered "founded" or "unable to determine"? Yes: ___ No: ___
- (8.) Have you ever lost custody of your children to DHS or another agency? Yes: ___ No: ___

Please note: A criminal record will not necessarily disqualify an applicant but will be considered as it relates to specifics of the position.

Are you under 18 years of age: Yes: ___ No: ___ How long have you lived in Oregon? _____

Previous states you have lived in/dates you lived there. Please include the COUNTY you lived in: _____

Date of Birth: _____ Soc. Security #: _____ Driver's License # AND State: _____

Alias/Maiden Name: _____

Please list two references who have knowledge of your qualifications (employer, instructor, etc., not personal friends/family/relatives)

1. Name: _____ Phone: _____ Relationship: _____

2. Name: _____ Phone: _____ Relationship: _____

.....Below for office use

Date: _____ Ref: _____ By: _____

Date: _____ Ref: _____ By: _____
