



PO Box 714 Sherwood, OR 97140  
 Tel: 503-620-8288  
 Fax: 503-968-6218  
[www.quietwatersoutreach.org](http://www.quietwatersoutreach.org)  
[info@quietwatersoutreach.org](mailto:info@quietwatersoutreach.org)

## **VOLUNTEER APPLICATION**

So you've decided to volunteer! We are so glad to have you join our team in serving families and caregivers of people with developmental disabilities, and we want to thank you for sharing your time and talents to help make this ministry possible. After you have completed and signed the application, please return it to us. We will contact you after we have reviewed your application. Thank you for your interest in serving others through QWO!

Full Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Please specify the church/organization you are volunteering through: \_\_\_\_\_

In case of an emergency, please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

|   |  |                             |
|---|--|-----------------------------|
| Do you use illegal drugs?   | <input type="checkbox"/> Yes             | <input type="checkbox"/> No |
| Have you ever been convicted of a criminal offense?                         | <input type="checkbox"/> Yes Date _____  | <input type="checkbox"/> No |
| Have you ever been charged with neglect, abuse or assault?                  | <input type="checkbox"/> Yes Date _____  | <input type="checkbox"/> No |
| Has your driver's license ever been suspended or revoked in any state?      | <input type="checkbox"/> Yes Date _____  | <input type="checkbox"/> No |
| Have you lived outside the State of Oregon anytime during the last 3 years? | <input type="checkbox"/> Yes Place _____ | <input type="checkbox"/> No |

(Please attach an explanation if you answered "yes" to any of the above questions.)

Please give us two non-family references:

| <u>Name</u> | <u>Relationship</u> | <u>Phone</u> |
|-------------|---------------------|--------------|
| 1. _____    | _____               | _____        |
| 2. _____    | _____               | _____        |

### **CONSENT FOR CRIMINAL BACKGROUND CHECK**

In order to protect the individuals we serve, QWO does a background check on volunteers or others who may have contact with our clients. Your signature on the line below authorizes QWO to obtain information about you (if applicable) from the Federal Bureau of Investigation, the Oregon State Police and other law enforcement agencies, courts and record sources.

Applicant's Signature: "I have reviewed and completed the front side of this application as applicable to me. I give permission for QWO to verify any or all information I have provided. By my signature, I acknowledge that all the information provided on the front of this application, and any attachments thereto, is true and accurate. I also understand that in the course of volunteering for QWO, I may be dealing with confidential information and I agree to keep said information in the strictest confidence."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***IF YOU WILL BE PROVIDING TRANSPORTATION FOR ANY OF QUIET WATERS OUTREACH'S PROGRAMS, PLEASE COMPLETE THE REVERSE SIDE OF THIS APPLICATION***



PO Box 714 Sherwood, OR 97140  
Tel: 503-620-8288  
Fax: 503-968-6218  
[www.quietwatersoutreach.org](http://www.quietwatersoutreach.org)  
[info@quietwatersoutreach.org](mailto:info@quietwatersoutreach.org)

## **TRANSPORTATION APPLICATION**

Thank you for your willingness to provide transportation to individuals with developmental disabilities participating in QWO's services. Transportation is a tremendous need in this ministry, however, it is also a large liability. For the safety of our participants and your own safety, QWO requires that volunteers meet the following standards:

1. Over the age of 21
2. Proof of auto insurance (Copy of policy required)
3. No more than one traffic violation within the last 3 years
4. No more than one accident within the last 3 years
5. No DUI violations

If you meet the above listed requirements, please complete the following information and return this form to our office. We are so thankful for your willingness to serve.

Full Legal Name: \_\_\_\_\_

Other Name(s) Used: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Auto Insurance Company/Phone #: \_\_\_\_\_

Auto Insurance Policy # (Please attach a copy of the Policy): \_\_\_\_\_

### **CONSENT FOR DMV DRIVING RECORD CHECK**

In order to protect the individuals we serve, QWO requires DMV record checks on volunteers or others who may provide transportation to our clients. Your signature on the line below authorizes QWO to obtain information about you (if applicable) from the Oregon Department of Motor Vehicles, Oregon State Police and other law enforcement agencies, courts and record sources.

Applicant's Signature: "I have reviewed and completed this application as applicable to me. I give permission for QWO to verify any or all information I have provided. By my signature, I acknowledge that all the information provided on this application, and any attachments thereto, is true and accurate. I understand that QWO reserves the right to reject any application with reasonable cause. I authorize QWO to use my driver's license number as an identification number for a DMV record check."

Signature: \_\_\_\_\_

Date: \_\_\_\_\_