



ACCESS Volunteer Program
Daphne Bramlett, Coordinator
(458) 488-1243
(541) 613-8948
volunteer@accesshelps.org

Volunteer Application Form

Name: _____

Address: _____

Main Phone: _____ Alt. Phone _____

Email: _____

Referred by: _____

What types of opportunities are you interested in?

☐ Short-term opportunities ☐ Long-term assignments ☐ One-time opportunities

When are you available to start volunteering? _____

Are you fulfilling a volunteer or community service requirement? If yes, please explain: _____

If internship or practicum, please specify program: _____

Volunteer Interests

- ☐ Food pantries
- ☐ Community Gardens
- ☐ Food Bank Warehouse
- ☐ Driver
- ☐ Severe Weather Shelter
- ☐ Homebuyer Education Instructor
- ☐ Financial Literacy Instructor
- ☐ Over-the-Top Wig Program

Volunteer Skills

- ☐ Customer service
- ☐ Office skills
- ☐ Sorting/packing
- ☐ Filing skills
- ☐ Computer skills
- ☐ Willing to drive
- ☐ Gardening
- ☐ Languages spoken: _____

Additional Interests or skills? _____



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Emergency contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

Availability (choose any that apply)

	8am	9am	10am	11am	Noon	1pm	2pm	3pm	4pm	5pm	6pm	7pm	8pm
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ I have open availability.

Anything else we should know about your availability? _____

Preferred method of communication (check all that apply)? ☐ Phone ☐ Email ☐ Text

☐ Yes! I would like to potentially share my experience as an ACCESS volunteer for a future publication, social media, and/or the ACCESS website (can be done anonymously).

☐ Yes! I would like to cover a portion of the cost of the background check – around \$15 (if applicable).

I understand I am expressing my interest for an unpaid volunteer position with ACCESS, only. No employment relationship will be established with ACCESS or any other organization under this position.

Signature: _____ Date: _____



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Volunteer Confidentiality Agreement

Name: _____ Date: _____

Volunteer role (if known): _____

ACCESS is committed to maintaining the highest standards of confidentiality for all participant, donor, and employee information. ACCESS has a responsibility to ensure that all volunteers understand the legal requirements of confidentiality and privacy under our organizational policies and federal guidelines.

Confidential information includes, but is not limited to, the following examples:

- Participant records and contact information;
- Donor records and contact information;
- Personnel records and contact information;
- Budgets and financial records;
- Operational documents, policies, procedures, and resources; and
- Computer networks, digital messages, and technological information.

The responsibility to preserve confidential and privileged information rests with each employee and volunteer of ACCESS. Volunteers for ACCESS may, in the course of their service, come to know and/or possess information regarding participants and/or employees and any such information is considered confidential. Within the scope and practice of their volunteer responsibilities, volunteers may have a legitimate reason to discuss participant and/or employee's personal information. When a participant and/or employee's personal information must be discussed with others during volunteer responsibilities, the volunteer shall use discretion to ensure that such conversations cannot be overheard by others not involved in the discussion.

Participant and/or organizational information is not to be disclosed to any third party, including members of the media, under any circumstances, without written consent of ACCESS.

No identifying information about a participant or a donor (name, address, social security number, etc.) should be revealed except within the scope of volunteer responsibilities.

Records kept by ACCESS shall be used only for case management and are not for general perusal.

Volunteers may only have access to participant and donor information as authorized by ACCESS staff.

Any disclosure, misuse, copying, or transmitting of any material, data, or information, whether intentional or unintentional, will subject the volunteer to appropriate disciplinary action.

I, the undersigned, understand and agree to the above policy, and am aware that any breach of confidentiality warrants reprimand and or dismissal.

Signature: _____ Date: _____

Printed name: _____



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Publicity and Photo Release Form

I hereby grant to the ACCESS the absolute and irrevocable right and unrestricted permission to use my name, likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of ACCESS or its partners. I agree that ACCESS has complete ownership of such material and can use said material for any purpose consistent with ACCESS' mission. These uses include, but are not limited to, videos, publications, advertisements, news releases, commercial media, Web sites, and any promotional or educational materials in any medium. I acknowledge that I will not receive any compensation for the use of such images, video, likeness, etc.

I hereby release and discharge ACCESS, and its agents, representatives, and assignees from any and all claims and demands arising out of or in connection with the use of my name, likeness, image, voice and/or appearance, including any and all claims for invasion of privacy, right of publicity, misappropriation or misuse of image, and/or defamation.

I represent that I am over the age of eighteen (18) years and that I have read the foregoing and fully understand its contents.* This release shall be binding upon me, my heirs, legal representatives and assigns.

This agreement is being made and entered into under the laws of the State of Oregon and shall be governed and interpreted in accordance with the laws of said state. This agreement embodies the entire agreement of the parties (subject and photographer). No modification of this agreement shall be of any effect unless it is made in writing and signed by all the parties to the agreement.

Name (Printed): _____

Signature: _____ Date: _____

* If the person signing is under the age of 18, consent from a parent or guardian is needed.

I hereby certify that I am the parent or legal guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____



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- I understand and agree that submitting this application form does not automatically register me as an ACCESS volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

- By submitting this application, I affirm if I am younger than 16, my parent/guardian HAS FILLED OUT their own individual application for the same shifts I've chosen.

- By submitting this form I voluntarily agree to hold harmless ACCESS, its sponsors, employees, board members, volunteers and agents from any and all claims and liabilities including costs and damages which might arise from my participation in events and activities associated with ACCESS.

- By submitting this form, I attest that the information I have provided on the form is true and accurate.

Name (Printed): _____

Signature: _____ Date: _____

* If the person signing is under the age of 18, consent from a parent or guardian is needed.

I hereby certify that I am the parent or legal guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian's Name (Printed): _____

Parent/Guardian's Signature: _____ Date: _____