

Portland Adventist Community Services
11020 NE Halsey
Portland, OR 97220
503.252.8500

VOLUNTEER SERVICES
APPLICATION FOR MEMBERSHIP

Date_____

Last Name	First Name	Male/Female
-----------	------------	-------------

Address _____
Number and Street City State Zip Phone

Social Security Number _____ Age _____ Birthdate _____

Number of children at home _____ Referred by _____

Health Status: Excellent Good Fair Poor Any physical limitations? Yes No

Explain _____ Physician's Name _____ Phone _____

In case of emergency contact _____ Relationship _____ Phone _____

How did you become interested in volunteering at PACS? _____

Are you now, or have you ever been, a volunteer in any other organization? Yes No

If so, where? _____

What days would you prefer to volunteer? _____ What hours? _____

Do you speak a foreign language? Yes No Specify _____

Please list community organizations, clubs, etc. to which you belong, and any offices held: _____

Please list those skills in which you have training, experience or special interest: _____

Reference	Name	Relationship	Phone
-----------	------	--------------	-------

I understand PACS is a drug free/alcohol free workplace. Any reason for suspicion of drug or alcohol use will be reason for dismissal as a PACS volunteer.

I understand that all agency volunteers must have a TB skin test or chest x-ray once a year in their birthday month.

VOLUNTEER PLEDGE

Believing that PACS has a real need of my services:

I WILL be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.

I WILL conduct myself with dignity, courtesy and consideration.

I WILL consider as confidential all information which I may hear directly or indirectly concerning a customer, client, patient, doctor, or any member of the personnel and will not seek information in regard to any of the above.

I WILL take any problems, criticisms or suggestions to the Volunteer Coordinator.

I WILL respect and be careful of all PACS property.

I WILL uphold the traditions and standards of this agency and will interpret them to the community at large.

Signature _____