



Volunteer Application

Portland Adventist Community Services

11020 NE Halsey Street, Portland, OR 97220 ♦ 503.252.8500 ♦ portlandacs.org

Date _____

Male Female

Last Name First Name

Street Address City State Zip Phone

Email Age Birthdate

Number of children at home Referred by

Health Status: Excellent Good Fair Poor Any Physical Limitations? Yes No

Explain Physicians Name Phone

In case of emergency contact Relationship Phone

How did you become interested in volunteering at PACS?

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

If so, where? What Hours?

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:

Past or current employment references:

Name of Business Contact Person Phone

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I understand that PACS is a drug free/alcohol free workspace. 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 be screened for TB once a year.
(See other side)

VOLUNTEER PLEDGE

Believing that PACS has 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_____ Date_____