



VOLUNTEER APPLICATION

Name _____ Date of birth _____

Address _____

Phone _____ Cell _____ Email _____

Work Location _____ Phone _____

Race/Ethnicity: Please mark with which ethnicity/Race you identified with. However, you may decline without prejudicing your application. Please check any/all that apply.

<input type="checkbox"/>	African American/Black	<input type="checkbox"/>	White/European	<input type="checkbox"/>	LGBTQ*
<input type="checkbox"/>	Latinx/Hispanic	<input type="checkbox"/>	Slavic	<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	South Asian	<input type="checkbox"/>	Arabic	<input type="checkbox"/>	Native American/Alaskan
<input type="checkbox"/>	East Asian	<input type="checkbox"/>	African	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Multiracial	<input type="checkbox"/>	Middle Eastern	<input type="checkbox"/>	Decline to respond

Are you able to speak a language besides English?

Level of proficiency:

How did you hear about us?

My Interests and skills include (check all that apply)

<input type="checkbox"/>	Neighborhood cleanup	<input type="checkbox"/>	Web assistance	<input type="checkbox"/>	Office Support	<input type="checkbox"/>	Driving
<input type="checkbox"/>	Neighborhood beautification	<input type="checkbox"/>	Computer work	<input type="checkbox"/>	Technical skills	<input type="checkbox"/>	Labor
<input type="checkbox"/>	Planting or gardening	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Committee
<input type="checkbox"/>	Cooking/Food Service	<input type="checkbox"/>	Safety	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	
<input type="checkbox"/>	Artistic abilities	<input type="checkbox"/>	Entertainment	<input type="checkbox"/>	Event planning	<input type="checkbox"/>	

Availability

Weekdays: ___ Mornings ___ Afternoons ___ Evenings

Weekends: ___ Saturday ___ Sunday

How often would you like to volunteer with DMA?

___ One time only ___ Daily ___ Weekly ___ Special ___ When needed ___ Special Events



Please describe any special abilities, interests and ways you would like to be involved.

How would you like to volunteer with DMA?

Please list your most current employer/place of volunteering

Name of Employer/Company		Address	
Supervisor		Phone number	
Position	Duties		

Please provide two personal references

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

If you have any special request that would assure that your work with us is safe please let us know:

Criminal History

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from being able to volunteer with DMA. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any decisions.

Have you ever been convicted of a crime? Do not include convictions that were sealed or expunged pursuant to a court order.

Yes___ No___

If yes, please explain: _____



▲ Division
▲ Midway
▲ Alliance

11721 SE Division St.
Portland, OR 97266
503.841.5201
info@divisionmidway.org

Age if under 21 _____ Birthday _____ Do you drive? _____

What mode of transportation do you use? _____

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Emergency Contact _____ Phone number: _____

Relationship _____

Emergency Contact _____ Phone number: _____

Relationship _____

I give DMA the right to take, edit, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of them to be used in and/or for any lawful promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits, and submissions to journalists, websites, social networking sites and other print and digital communications without payment or any other consideration.

Yes ___ No ___

All information on this application is true to the best of my knowledge. I release, indemnify and hold harmless Division Midway Alliance, its officers, agents and employees from any and all claims, actions and demands that may arise from my actions as a volunteer. I also understand that my volunteer involvement can be terminated at the discretion of the agency at any time. I understand that if I use my personal vehicle to and from my volunteer position, that I am agreeing to keep in effect automobile liability insurance equal to or greater than the minimum required by the state of Oregon. (If volunteer is under 18 years of age, signature of parent or guardian is required.)

Signature _____

Date _____

Signature of Parent _____