

SELF ENHANCEMENT, INC.

VOLUNTEER APPLICATION

Office Use Only
Date Rec'vd
Interviewed
Placement

Name: _____ (please type or print)	Home Phone: _____	Email/Pager: _____	Work Phone: _____	
Address, City, State, Zip Code: _____				
Have you lived in another state in the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, which states(s)? _____		
Emergency Contact: Name & Telephone: _____				
Current Occupation: _____				
Education: High School <input type="checkbox"/> College <input type="checkbox"/> Degree Earned (if applicable): _____ Trade/Vocational School <input type="checkbox"/>				
Circle any special interest areas in which you'd like to share your skills:				
Computer Lab	Theater/Public Speaking	Library	Music	Athletics
Math/Science	Languages	History	Recreation	Art
Self Esteem Building	Employment/Careers	Health/Fitness	Dance	Martial Arts
SEI Volunteer Assignments are listed below. Please indicate your first and second choices.				
Classroom Helper	Computer Lab Helper	Recreation Program Helper	Mentor	Childwatch Helpers
Library Helper	Arts	Special Events Helper	Tutor	Food Bank Crew
Circle the grade of students you prefer to volunteer with:				
2-3 grade	4--5 grade	middle school	high school	pre school (Childwatch)
If you have a disability and require accommodations to perform your volunteer assignment, please indicate the needed accommodations.				
Why do you want to volunteer for SEI?				
How did you hear about SEI?				

LIST YOUR PREVIOUS VOLUNTEER EXPERIENCE IF ANY, AND LIST YOUR EXPERIENCE WORKING WITH CHILDREN BY AGES AND SIZE OF GROUP.

LIST YOUR CURRENT EMPLOYER OR ATTACH A CURRENT RESUME

Name of Company _____ Telephone _____

Address, City, State, Zip _____

Job Title _____ Duties _____

Dates of Employment _____ Immediate Supervisor _____

(Attach additional pages if necessary.)

BACKGROUND CHECKS ARE REQUIRED FOR ALL SEI VOLUNTEERS.

I authorize SEI to obtain information about me from the Oregon State Police and other law enforcement agencies.

Last Name _____ First Name _____ Middle Name _____

Other Names Used (i.e., maiden, alias) _____

Current Address _____

Date of Birth _____ Social Security Number _____

Drivers License/State Issued _____ Expiration Date _____

SIGNATURE _____ DATE _____

All volunteers must agree to attend training or orientation as outlined by Volunteer Services or the Program Supervisor of the assignment area. All volunteers agree to follow SEI Standards and to be a positive role model in the eyes of SEI students. Please indicate by your signature that the statements you have made on this application are true and reflect your understanding of the requirements of an SEI Volunteer. The acceptance of a volunteer assignment does not in any way guarantee employment nor the promise of employment with Self Enhancement, Inc.

SIGNATURE: _____ DATE _____

Return completed application to:
Self Enhancement, Inc. Volunteer Services 3920 N. Kerby Ave. Portland, OR 97227-1255 Phone: 503-249-1721 FAX: 503-249-1955