



Office Use Only	
Date Received:	
Interviewed:	
Placement:	
Passed Background:	Y N
Orientation:	Y N

VOLUNTEER APPLICATION

(Please type or print legibly)

Name:	Home Phone:	Cellular:	Work Phone:																				
Address, City, State, Zip Code:																							
Email Address:																							
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 Number:																							
Current Occupation:																							
Education: High School <input type="checkbox"/> College <input type="checkbox"/> Degree Earned (if applicable): Trade/Vocational School <input type="checkbox"/>																							
Volunteer opportunities are listed below. Circle the areas you would like to volunteer in (select up to three choices):																							
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">Classroom Tutor:</td> <td style="width: 25%;">Computer Lab Assistant</td> <td style="width: 25%;">Recreation Assistant</td> <td style="width: 25%;">Coach:</td> </tr> <tr> <td><input type="checkbox"/> Mathematics</td> <td></td> <td></td> <td><input type="checkbox"/> Basketball</td> </tr> <tr> <td><input type="checkbox"/> Reading/Writing</td> <td></td> <td></td> <td><input type="checkbox"/> Volleyball</td> </tr> <tr> <td><input type="checkbox"/> Sciences</td> <td></td> <td></td> <td><input type="checkbox"/> Soccer</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> <td></td> <td><input type="checkbox"/> Other _____</td> </tr> </table>				Classroom Tutor:	Computer Lab Assistant	Recreation Assistant	Coach:	<input type="checkbox"/> Mathematics			<input type="checkbox"/> Basketball	<input type="checkbox"/> Reading/Writing			<input type="checkbox"/> Volleyball	<input type="checkbox"/> Sciences			<input type="checkbox"/> Soccer	<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____
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<input type="checkbox"/> Other _____			<input type="checkbox"/> Other _____																				
Arts & Crafts Drama/Theater Music/Choir Dance																							
Health/Fitness Special Events Job Readiness/Career Exploration																							
Chaperone for Field Trips																							
Circle the grade level of students you prefer to volunteer with:																							
Elementary Middle High SEI Academy (Middle)																							
List previous volunteer experience:																							
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?																							

LIST YOUR EXPERIENCE WORKING WITH SCHOOL AGED CHILDREN

(INCLUDE AGES AND GROUP SIZE)

LIST YOUR CURRENT EMPLOYER OR ATTACH A CURRENT RESUME

Name of Company: _____ Telephone: _____

Address, City, State, Zip: _____

Job Title: _____

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: _____

City, State, Zip: _____

Date of Birth: _____ Social Security Number: _____

Drivers License/State Issued: _____ Expiration Date: _____

SIGNATURE _____ DATE _____