



AMANI CENTER
Columbia County Child Abuse Assessment Program

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VOLUNTEER APPLICATION

PLEASE COMPLETE THE FOLLOWING:

Full Name _____ Date _____

Address _____

Home Phone _____ Bus. _____ Cell _____ E-mail _____

Date of Birth _____ Driver's License # _____ State _____ Expiration _____

Health Restrictions _____

PLEASE TELL US ABOUT YOUR CURRENT OR LAST EMPLOYMENT:

Name of Employer _____

Supervisor _____

Your Job Title _____

From _____ To _____

Describe Your Duties _____

EDUCATION: High School _____ College _____ Graduate _____
Degree _____ Received _____

REFERENCES: Please list three people who know you professionally or personally.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PLEASE DESCRIBE YOUR VOLUNTEER EXPERIENCE:

Organization: _____ Phone _____

From _____ to _____ Your Duties _____

Organization: _____ Phone _____

From _____ to _____ Your Duties _____

Have you ever had any contact with the police? _____ Explain _____

Why do you want to volunteer with our program? _____

How did you learn of volunteer opportunities with our program? _____

Other training or education you would like us to know about _____

DAYS AND TIMES AVAILABLE (check all that apply)

Weekday business hours _____ Evenings _____ Weekends _____

Volunteer interests (e.g. direct service, community presentations, office support, etc.) _____

WHOM SHOULD WE CONTACT IN AN EMERGENCY:

Name _____ Relationship _____

Day Phone _____ Night Phone _____

I understand that the Amani Center - Columbia County Child Abuse Assessment Center will run a criminal history check and verify the information in my application.

Signature of Applicant

Date