



# AMANI CENTER

## Columbia County Child Abuse Assessment Program

Mailing Address: PO Box 1001, St Helens, OR 97051

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### VOLUNTEER/PRACTICUM APPLICATION

The Amani Center reserves the right to confirm your responses to the questions below. Any checks we make into your background will be confidential, and in a manner designed not to cause you embarrassment. Please feel free to discuss this with the Volunteer Coordinator before you complete this form. It is our goal to give you a rewarding volunteer or practicum experience, while giving our clients quality service.

PLEASE COMPLETE THE FOLLOWING:

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus. \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_ SSN# \_\_\_\_\_ (For Background Investigation)

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 \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Describe Your Duties \_\_\_\_\_

\_\_\_\_\_

EDUCATION: (check all that apply)

High School                  College                  Graduate

Degree \_\_\_\_\_

Received Date \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

No. of Years Affiliated \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

No. of Years Affiliated \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

No. of Years Affiliated \_\_\_\_\_

PLEASE DESCRIBE YOUR VOLUNTEER EXPERIENCE:

Organization \_\_\_\_\_

Phone \_\_\_\_\_ Location \_\_\_\_\_

Dates of Volunteer Services From \_\_\_\_\_ to \_\_\_\_\_

Your Duties \_\_\_\_\_

\_\_\_\_\_

Organization \_\_\_\_\_

Phone \_\_\_\_\_ Location \_\_\_\_\_

Dates of Volunteer Services From \_\_\_\_\_ to \_\_\_\_\_

Your Duties \_\_\_\_\_

\_\_\_\_\_

ADDITIONAL INFORMATION:

Have you ever applied here before in any capacity? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you ever employed here in a volunteer or paid position? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any commitments or agreements with another employer that might affect your participation here? Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had any contact with DHS Child Protective Services? YES NO

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever had any contact with the police? YES NO

Explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a crime? YES NO

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why would you like to volunteer with our program? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other training or education you would like us to know about \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you learn of volunteer opportunities with our program?

Facebook Online Advertisement News Article Website Newsletter

Friend Name: \_\_\_\_\_ Other: \_\_\_\_\_

DAYS AND TIMES AVAILABLE: (check all that apply)

Weekday business hours \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_

Is This Application For A Limited Duration Project? YES NO

If yes, please explain: \_\_\_\_\_

VOLUNTEER INTERESTS: (check all that apply)

Direct Client Service                  Fundraising                  Clerical

Housekeeping                  Grant Writing                  Office Assistance

Other: \_\_\_\_\_

WHOM SHOULD WE CONTACT IN AN EMERGENCY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_

Night Phone \_\_\_\_\_

ANYTHING ELSE YOU WOULD LIKE US TO KNOW?

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AFFIDAVIT:

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my volunteer employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application, may be contacted by the Amani Center. These references are authorized to give the Amani Center any and all pertinent information they may have. I release all persons or entities involved, including the Amani Center, from all liability arising from this contact and provision of information.

I authorize the Amani Center to conduct a criminal history check after an initial interview or conditional offer of employment and understand that un-expunged criminal convictions may be considered by the Amani Center in making hiring decisions.

I agree to conform to all the Amani Center's policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this volunteer employment application, the granting of an interview, or in the offer of volunteer employment creates a contract for employment between the Amani Center and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the Amani Center has the same right.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_