



Central Oregon Veterans Outreach

RESPECT • SUPPORT • ADVOCACY

VOLUNTEER APPLICATION

(An Equal Opportunity Employer)

TYPE/PRINT IN INK: If you become a Volunteer at Central Oregon Veterans Outreach, Inc. this application will become part of your Volunteer file. Central Oregon Veterans Outreach (COVO) provides its Volunteer opportunities without regard to race, color, sex, national origin, religion, marital status, age, prior industrial injury, or mental or physical handicaps unrelated to Volunteer duties.

NAME AND ADDRESS

NAME (LAST, FIRST, M.I.):

HOME TELEPHONE:

MAILING ADDRESS:

CELL PHONE:

CITY, STATE AND ZIP CODE:

MESSAGE PHONE (IF DIFFERENT):

E-MAIL ADDRESS:

TODAY'S DATE:

AVAILABILITY

Mon: From: _____ To: _____

Thurs: From: _____ To: _____

Tues: From: _____ To: _____

Fri: From: _____ To: _____

Wed: From: _____ To: _____

DATE YOU CAN BEGIN:

DO YOU HAVE A CURRENT DRIVER'S LICENSE?

LICENSE NO:

STATE OF ISSUE:

(Circle One) Yes No

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH COVO?
YES NO

IF YES, PLEASE LIST MONTH AND YEAR

ARE YOU AT LEAST 18 YEARS OF AGE?
(CIRCLE ONE) YES NO

DO YOU HAVE ANY FAMILY MEMBERS THAT WORK FOR COVO? YES NO

IF YES, PLEASE LIST NAME, POSITION AND LOCATION:

HAVE YOU LIVED IN THE STATE OF OREGON FOR THE LAST FIVE (5) CONSECUTIVE YEARS?
(CIRCLE ONE) YES NO

IMMIGRATION AND NATURALIZATION SERVICE

IT IS THE POLICY OF CENTRAL OREGON VETERANS OUTREACH, INC. TO COMPLY WITH THE PROVISIONS OF THE IMMIGRATION REFORM AND CONTROL ACT OF 1986.

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE U.S.? (CIRCLE ONE) YES NO

Comments

SPECIALIZED SKILLS AND KNOWLEDGE

LIST ANY SKILLS OR KNOWLEDGE THAT SHOW YOUR ABILITY TO PERFORM THE VOLUNTEER POSITION FOR WHICH YOU ARE APPLYING.
ALSO LIST ANY VOLUNTEER WORK.

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WORK/VOLUNTEER HISTORY

LIST THE JOB(S), (PAID OR VOLUNTEER), THAT CLEARLY DESCRIBE ALL OF YOUR DUTIES, STARTING WITH YOUR MOST RECENT OR CURRENT JOB. COVO WILL UTILIZE THIS INFORMATION TO BETTER UNDERSTAND YOUR SKILLS AND EXPERIENCE.

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CERTIFICATION AND SIGNATURE

I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this application, or in attached materials, will result in rejection of my application.
I certify that all statements contained herein are true and complete whether made by me or others at my request.
I agree to conform to the policies and procedures of Central Oregon Veterans Outreach, Inc.

SIGNATURE (MUST BE IN INK)	DATE:
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(Electronically entered name above is a substitute for a written signature)