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 Email to covo@covo-us.org.



Central Oregon Veterans Outreach

RESPECT • SUPPORT • ADVOCACY

VOLUNTEER APPLICATION

(An Equal Opportunity Employer)

Suitable for work not requiring certification, licensing, internship, apprenticeship, or special training or education.

NAME	MAILING ADDRESS	CITY, STATE & ZIP CODE
HOME PHONE	CELL PHONE	EMAIL ADDRESS

EMERGENCY CONTACT INFORMATION

Name:		Address:	
Home Phone:		Cell Phone:	Email:
Relation:			
Have you ever applied for employment with COVO? (mark one) YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have family members that work for COVO? (mark one) YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list name:	
Have you lived in Oregon for the last five consecutive years? (mark one) YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you at least 18 years of age? (mark one) YES <input type="checkbox"/> NO <input type="checkbox"/>		
Do you have driver's license or state ID? (mark one) YES <input type="checkbox"/> NO <input type="checkbox"/>	State of Issue (attach copy):	License Number:	
Date you can Begin:	Days and times that work best for you:		

EMPLOYEMENT INFORMATION

	Employer	Dates	Occupation/Job/Duties
1			
2			
3			

PAST OR PRESENT VOLUNTEER EXPERIENCE

	Organization	Dates	Job/Duties
1			
2			
3			

REFERENCES

– Please list at least two. They may be employment, educational or personal in nature-

Reference 1

Name:	Phone:	Address:
Occupation:	Type:	

Reference 2

Name:	Phone:	Address:
Occupation:	Type:	

Reference 3

Name:	Phone:	Address:
Occupation:	Type:	

- | |
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| <ul style="list-style-type: none"> • I certify that all statements contained herein are true and complete whether made by me or others at my request. • I understand and agree to be subjected to a criminal history background and reference checks. • I agree to conform to the policies and procedures of Central Oregon Veterans Outreach, Inc. |
|--|

Signature (in blue or black ink)	Date