



VOLUNTEER & INTERNSHIP APPLICATION



ALBERTINA'S PLACE

Albertina Kerr strengthens Oregon families and communities by helping children and adults with developmental disabilities and mental health challenges, empowering them to live richer lives.

Thank you for sharing your time with Albertina Kerr and the people we serve! Please answer the following questions as completely and honestly as possible so your talents and interests can be matched with activities that will make your time as a volunteer a valuable experience. Thank you!

CONTACT INFORMATION

Name: _____ **Date:** _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Birth Date: _____ **E-mail:** _____

How would you like us to contact you: Email Phone (please specify) _____

Are you employed? Yes No **Employer:** _____

Position/Title: _____

Does your employer have an employee volunteer/giving program? _____

Student? *Grade/Level* _____ *School* _____

How did you first hear about us? (please check one, main referral source)

- | | |
|---|---|
| <input type="checkbox"/> Albertina Kerr Website | <input type="checkbox"/> Active Volunteer: _____ |
| <input type="checkbox"/> Volunteer Match | <input type="checkbox"/> School: _____ |
| <input type="checkbox"/> Hands On Portland | <input type="checkbox"/> Albertina Kerr Staff: _____ |
| <input type="checkbox"/> Albertina Kerr Client | <input type="checkbox"/> Another Business/Agency: _____ |
| <input type="checkbox"/> Albertina's Place | <input type="checkbox"/> Other: _____ |

Why are you interested in volunteering?

- Personal interest Educational Internship Community Service Hours Court ordered
 Other _____

Have you ever worked or do you currently work for Albertina Kerr Centers? Yes No
Have you ever received services from Albertina Kerr Centers? Yes No
Do you have a valid driver's license? Yes No
Do you have a car available for use while volunteering? Yes No
Do you belong to any professional or philanthropic organizations? (i.e. Church, Social or Service Club, Young Professionals of Portland, Junior League etc...) Please list: _____

What is your educational/training background?

What is your employment history?

Have you had any previous experience as a volunteer? If so, with what organization and what kind of work did you do and enjoy?

YOUR INTERESTS AT ALBERTINA KERR/ALBERTINA'S PLACE

A description of current volunteer positions is available from the program you are interested in. (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Administration/Office | <input type="checkbox"/> Marketing/Graphic Design |
| <input type="checkbox"/> Adult Group Home | <input type="checkbox"/> Port City Development |
| <input type="checkbox"/> Albertina's Place | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Art from the Heart | <input type="checkbox"/> Youth Group Home |
| <input type="checkbox"/> Crisis Psychiatric Care | |
| <input type="checkbox"/> Development | <input type="checkbox"/> Other: _____ |

How much time can you commit to volunteering?

One time Occasionally 3-6 months 6 months or more Other _____

What days are you available? Mon Tues Wed Thurs Fri Sat Sun

What times are you available? Mornings Afternoons Evenings

Do you have any special skills you would like to contribute? (Check all that apply & indicate type)

License/Certification: _____ Bi-Lingual: _____

Other: _____

Do you have any special needs or restrictions we should be aware of? _____

Criminal History

All volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating.

Have you ever been convicted of a felony? Yes No

If yes, explain: _____

In case of an emergency, who would you like us to notify?

Name: _____ Relationship: _____

Home Phone: _____ Work: _____ Other (i.e.: Cell) _____

Please list two non-relative personal or professional references:

Reference (1) Name: _____ **Phone:** _____

Email: _____ **Relationship:** _____

Reference (2) Name: _____ **Phone:** _____

Email: _____ **Relationship:** _____

Kerr considers applicants for internships/volunteering without regard to sex, race, age, religion, national origin, veteran or marital status, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship. If you need a reasonable accommodation in the pre-placement process, please contact the Program Manager.

AUTHORIZATION AND AGREEMENT BY APPLICANT

1. I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.
2. I consent to having Albertina Kerr Centers complete a criminal background check prior to volunteering.
3. I agree to complete a TB screening requirement relevant to the position for which I am applying.

Signature of Applicant _____
Date

Parent/Guardian Signature (required if less than 18 years of age) _____
Date

VOLUNTEER WAIVER

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of Albertina Kerr Centers, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Albertina Kerr Centers, its officers and directors, employees, agents, and volunteers from all claims, demands and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Albertina Kerr Centers, its officers and director, employees, agents and volunteers harmless from any cause of action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I agree to comply with Albertina Kerr Centers policies that every person served by Kerr has the right to privacy in all matters concerning their treatment. Any and all information concerning or identifying a client or former client is confidential and is not to be disclosed without proper authorization. Photographing clients is prohibited unless prior arrangements are made with the Volunteer Manager and the program.

Signature of Applicant _____
Date

Parent/Guardian Signature (required if less than 18 years of age) _____
Date

PLEASE RETURN TO: Volunteer Opportunities
Albertina Kerr, 424 NE 22nd Avenue, Portland, OR 97232
Volunteer@AlbertinaKerr.org - Fax:503-239-8106