



# Viva Village Volunteer Application

## ALL VOLUNTEERS

Date \_\_\_\_\_

Name \_\_\_\_\_ ☐ M ☐ F

Address \_\_\_\_\_  
Street City Zip

Email \_\_\_\_\_ Birthday (MM/DD/YYYY) \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

How did you learn about Viva Village? ☐ friend or acquaintance ☐ website ☐ event  
☐ flyer ☐ news article ☐ social media ☐ other \_\_\_\_\_

What professional or volunteer skills and/or experience do you have that you would like to share with the Village? \_\_\_\_\_  
\_\_\_\_\_

Please list certifications or licenses that may be helpful in your volunteer capacity.  
\_\_\_\_\_  
\_\_\_\_\_

What are your interests or hobbies? \_\_\_\_\_  
\_\_\_\_\_

Do you speak a language other than English? If so, which? \_\_\_\_\_

Are you affiliated with other organizations? Which? \_\_\_\_\_  
\_\_\_\_\_

## Emergency Contacts

If you were to experience an emergency while volunteering, whom should we contact?

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

Phone \_\_\_\_\_ Email (please print clearly) \_\_\_\_\_

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

Phone \_\_\_\_\_ Email (please print clearly) \_\_\_\_\_

## VILLAGE SUPPORT

—behind the scenes volunteering—

What tasks would you be interested in doing “behind the scenes” to keep our Village viable and strong? **Check all that interest you.** If you want more information about any of these groups, call or email with your questions: 503-746-5082 or [vivavillageor@gmail.com](mailto:vivavillageor@gmail.com)

- |   |   |
|---|---|
| <input type="checkbox"/> Outreach & publicity team              | <input type="checkbox"/> Event team and activity planning           |
| <input type="checkbox"/> Newsletter                             | <input type="checkbox"/> <sup>1</sup> Audio-visual setup for events |
| <input type="checkbox"/> Writing/editing                        | <input type="checkbox"/> <sup>1</sup> Event—general setup/cleanup   |
| <input type="checkbox"/> Graphic design                         | <input type="checkbox"/> <sup>1</sup> Food for an event             |
| <input type="checkbox"/> <sup>1</sup> Tabling                   | <input type="checkbox"/> Membership team                            |
| <input type="checkbox"/> Technology team                        | <input type="checkbox"/> Volunteer team                             |
| <input type="checkbox"/> Website design and maintenance         | <input type="checkbox"/> Resource development team                  |
| <input type="checkbox"/> Office staff                           | <input type="checkbox"/> Screened vendor team                       |
| <input type="checkbox"/> <sup>1</sup> Office project assistance | <input type="checkbox"/> Other _____                                |

## MEMBER SUPPORT: DIRECT SERVICE

—one-on-one volunteering with Viva Village members—

What tasks would you be interested in providing our members? **Check all categories that you might be willing to do.** This provides the most flexibility for you and the office. You may always decline a request that is unappealing to you.

### Help around the House:

- ☐ Household tasks
- ☐ Light housekeeping
- ☐ Light home maintenance
- ☐ Occasional light yard and garden care
- ☐ Household item repair
- ☐ Occasional help with pet care/dog walking
- ☐ Home safety review
- ☐ Other \_\_\_\_\_

### Technology Help

- ☐ Computer Tutoring
- ☐ Cell phone/tablet assist
- ☐ Computer/network assist
- ☐ Other \_\_\_\_\_

Preferred Operating System:

- ☐ Mac   ☐ PC   ☐ Either

### Personal Support:

- ☐ Activity Buddy
- ☐ Provide a meal for member
- ☐ Check-in phone calls (Neighborhood Connections)
- ☐ Organizing, rightsizing
- ☐ Paperwork assistance
- ☐ Running errands
- ☐ Sewing/Mending
- ☐ <sup>2</sup> Medical Visit Companion
- ☐ Other \_\_\_\_\_

### <sup>2</sup> Transportation:

- ☐ Rides to medical appointments
- ☐ Rides for shopping, errands
- ☐ Rides for social, recreational events
- ☐ Rides to airport
- ☐ Other \_\_\_\_\_

<sup>1</sup> One-time Village-support projects

<sup>2</sup> Extra training required

## Volunteer Screening

Viva Village requires all prospective volunteers to pass a Level 3 Background Check administered through Sterling Volunteers. You will be sent an email to initiate this process.

## References

Please list the names and contact information of two people (non-relatives) who have known you for at least two years. Viva Village will be contacting them.

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

Phone \_\_\_\_\_ Email (please print clearly) \_\_\_\_\_

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

Phone \_\_\_\_\_ Email (please print clearly) \_\_\_\_\_

**All Volunteers: Please check the box(es) that apply.**

**Sign, date, and return to:**

Viva Village, 4905 SW Griffith Dr. Suite 104, Beaverton OR 97005

## Volunteer Agreement

☐ I understand that Viva Village will check my references and criminal history records as part of their screening process. If I drive for Villages NW, I understand that my motor vehicle record will be monitored during my time as an approved driver. To the best of my knowledge, the above information is correct.

## Photo Release

Viva Village has many events and activities and we like to share photographs and videos from these events. By checking here, you give your consent for the Village and Villages NW to use your photograph and likeness in our publications and on our websites.

☐ I give consent      ☐ I do not give consent

Signature of Volunteer \_\_\_\_\_

Date \_\_\_\_\_

## Member Directory

Viva Village encourages members and volunteers to connect with one another. Please check the boxes below to indicate how you would like to be listed in the online Viva Village Member Directory on our website.

*The Directory is visible only to Viva Village members and volunteers. You can revise your choices at any time.*

☐ Name    ☐ Email    ☐ Phone    ☐ Address    ☐ Photo

☐ Please do not include me in the directory

Have you worked with older adults in the past? Please describe.

☐ In a facility

☐ In your own home

☐ As a caregiver

Comments \_\_\_\_\_

Do you have any physical considerations that would affect the type of assignment you are comfortable with? (e.g., limited ability to lift objects, pet allergies, sensitivity to tobacco smoke, mobility issues, or other)

\_\_\_\_\_

### Times you are NOT available to provide Direct Service

Mark the times you are **DEFINITELY NOT AVAILABLE**. This provides the most flexibility both for you and for the office to send service requests.

You may always decline a service request if it doesn't fit your schedule.

	MON	TUE	WED	THU	FRI	SAT	SUN
<b>Morning (6-12)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon (12-6)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evening (6-12)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Night (12-6)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Any time</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ I am willing to receive a service request during my non-available times if another volunteer is not available

Comments \_\_\_\_\_

**Drivers:** Please complete the Villages NW Driver Application

## Villages NW Network Volunteer & Employee CONFIDENTIALITY AGREEMENT

Villages NW and the Villages in the Villages NW Network have a legal and ethical responsibility to maintain the privacy and confidentiality of all member and donor information. To that end, both Villages NW and all the Villages in its Network will require all their volunteers and staff members to sign and abide by the following confidentiality agreement.

1. Any contact that I have with a member or donor and any information shared with me by a member or donor will remain private and confidential.
2. I will not disclose any member or donor information or discuss any such information with anyone except those persons who have been designated as appropriate to receive this information by the Villages NW Executive Director, the Village manager, the Governing Council chair(s), or the chairs of the Villages NW or Village fundraising, volunteer or membership committees/teams.
3. I will not disclose any member or donor information shared during Villages NW Board meetings, during Governing Council meetings, or during the meetings of the Villages NW or the fundraising, volunteer or membership committees/teams.
4. I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications or purging of member or donor information, nor will I use any member or donor lists for any usage without express written consent from Villages NW and relevant Village(s).
5. I will not access or view any unauthorized proprietary information about Villages NW nor any Village. If I have a question about whether to access proprietary information, I will ask the Villages NW Executive Director, the Village manager, or the chair of the Governing Council before doing so.

I authorize Villages NW to run a background check on me. I also authorize Villages NW to run a credit check on me if my position will have access to sensitive financial data.

I have read the above agreement, understand it, and agree to comply with all its terms.

\_\_\_\_\_  
Signature of volunteer or employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name

\_\_\_\_\_  
**Viva Village**  
Name of Village