



Operation ReachBack, Inc.

"Climbing Upward. Reaching Back."

APPLICATION TO VOLUNTEER

Date: _____

Name: _____
Last First M.I. Nickname

Mailing Address: _____
Street City Zip

Telephone(s): _____ (Home) _____ (Work)
_____ (Cell)

Circle one: Male/Female Single/Married/Divorced/Widowed Over/Under 18 years of age

Spouse's name (if applicable): _____

Parents' Name(s) (if under 18): _____

Languages, other than English, that you know: _____

Best time/place to be reached: Morning/Afternoon/Evening

Does your employer offer an employer-sponsored volunteer program? Yes No

Are you fulfilling a school requirement of community service, or a human/social service practicum/internship through Operation ReachBack, Inc. or Family Literacy Centers, Inc.? Yes No

I would like to receive Operation ReachBack, Inc. publications in the mail: Yes No

I would like to receive Operation ReachBack, Inc. information by email: Yes No

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Best Contact Phone: _____

FOR OFFICE USE ONLY
ORB staff receiving information form: _____
Site: _____
Background check completed by: _____ Date: ___/___/___
Date of database entry: ___/___/___



Operation ReachBack, Inc.

"Climbing Upward. Reaching Back."

AVAILABILITY

- Regular basis
- One-time project/event
- Flexible

NOTE: Please keep in mind that weekend opportunities are *very* limited.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Interests or hobbies: _____

Talents or skills: _____

Student? Yes/No Where? _____

Major: _____ Highest degree obtained: _____

Other schooling/training/work experience: _____

How did you hear about Operation ReachBack? _____

Why are you interested in volunteering with Operation ReachBack? _____

Please indicate your interest in the areas below:

- | | | |
|--|---|--|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Technical Support |
| <input type="checkbox"/> Bookkeeping/Accounting | <input type="checkbox"/> Teaching reading to children | <input type="checkbox"/> Make copies of video tapes |
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Facilitate tutor workshops | <input type="checkbox"/> Assist with social events and activities |
| <input type="checkbox"/> Newsletter writing/edits | <input type="checkbox"/> Drama/Improvisation Group | <input type="checkbox"/> Grant Writing/Research |
| <input type="checkbox"/> Phoning | <input type="checkbox"/> Help with awareness booths | <input type="checkbox"/> Teaching Other Subjects (Math, Writing, etc.) |
| <input type="checkbox"/> Public speaking | <input type="checkbox"/> Videotaping | |
| <input type="checkbox"/> Public Relations | | |
| <input type="checkbox"/> Teaching small groups of students | | |

Thank you for your interest in Operation ReachBack, Inc., Portland Chapter!

Questions: call 702.400.8550; email orbpx@gmail.com

4606 NE 55th Avenue, Portland, Oregon 97218



Operation ReachBack, Inc.

“Climbing Upward. Reaching Back.”

OPERATION REACHBACK VOLUNTEER AGREEMENT

I would like to volunteer with Operation ReachBack, Inc. and/or Family Literacy Centers, Inc. I agree to perform the duties described below in a professional and ethical manner to the best of my knowledge and abilities:

I will come well-prepared to spend at least one (1) hour, twice per week—as far as practical—as a volunteer tutor in the Family Literacy Center. This includes positive interaction with my assigned student(s), encouraging and supporting their efforts.

I will keep accurate records of my volunteer service hours and report them at the end of each month to the Operation ReachBack office by the 5th day of each month.

If a problem arises with scheduling, I will notify my volunteer supervisor and my student (if serving as a tutor) as soon as possible (ideally several hours in advance). If an assigned student continually misses appointments or withdraws from the FLC, I will submit a request to the volunteer coordinator to be reassigned.

I will attend the specified volunteer trainings, including In-service Workshops, in an effort to continue striving to upgrade my human service skills and broaden my abilities as a volunteer.

I understand that Operation ReachBack, Inc. or I may cancel this agreement at any time should illness or any other unforeseeable problems arise.

I understand that my work will be evaluated and records kept which will enable me to document my volunteer work experience for future job applications.

I understand that volunteer service with Operation ReachBack, Inc. and/or Family Literacy Centers, Inc. involves working closely with children, youth, and/or seniors, and therefore requires my written consent to a criminal background check.

I understand that if I do not consent to or pass the criminal background check, I will not be allowed to work with children, youth, or seniors at Operation ReachBack, Inc. or Family Literacy Centers, Inc.

CONFIDENTIALITY: I understand the importance of keeping strictly confidential the names of students and of other volunteers and tutors along with other privileged communication regarding Operation ReachBack, Inc. or Family Literacy Centers, Inc.

Signature _____

Date _____



Operation ReachBack, Inc.

“Climbing Upward. Reaching Back.”

Fair Credit Reporting Act (FCRA) Disclosure and Acknowledgement

Disclosure

When considering your volunteer application, making a decision whether to offer you a volunteer position, when deciding whether to continue your volunteer work if you are a current volunteer, and when making other decisions directly affecting you, Operation ReachBack, Inc. may wish to obtain and use a “consumer report” about you from a “consumer reporting agency.” As an Operation ReachBack, Inc. volunteer, you are a “consumer” with rights under the FCRA.

A “consumer reporting agency” is a person or business that, for monetary fees, dues, or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers, including credit reports or criminal records, for the purpose of furnishing “consumer reports” to others, such as Operation ReachBack, Inc.

A “consumer report” is any written, oral, or other communication of any information by a “consumer reporting agency” bearing on a consumer’s creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living, which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for volunteering or employment purposes.

If Operation ReachBack, Inc. obtains a “consumer report” about you, and if the organization considers any information in the “consumer report” when making a decision about your volunteer work that directly and adversely affects you, you will be provided with a copy of the “consumer report” before the decision is finalized. You may also contact the Federal Trade Commission (FTC) about your rights as a “consumer” under the FCRA with regard to “consumer reports” and “consumer reporting agencies.”

Acknowledgement

By signing below, I, _____ (print name), hereby acknowledge my acceptance and understanding of my rights under the FCRA, including the rights discussed above.



Operation ReachBack, Inc.

“Climbing Upward. Reaching Back.”

Please complete the following section after you have met with or spoken with an Operation ReachBack, Inc. board member. Thank you!

Criminal Records Disclosure

Operation ReachBack, Inc. routinely requests volunteers consent to a criminal history background check as a condition of volunteer participation. Have you ever been convicted of a crime, especially a crime involving child abuse, sexual abuse, neglect, elder abuse, or identity theft? Note: Conviction of a crime does not necessarily disqualify an applicant from volunteer opportunities.

___ Yes ___ No

If yes, please explain: _____

By signing below, I, _____ (print name), hereby consent to authorize Operation ReachBack, Inc. to obtain a “consumer report” about me from a “consumer reporting agency” and to consider the information contained in that report when making decisions regarding my volunteer work or potential volunteering. I have been given the opportunity to review the Criminal Records Disclosure as well as review and sign the organization’s Fair Credit Reporting Act (FCRA) Disclosure and I understand my rights as a “consumer” under the FCRA.

FULL LEGAL NAME _____
First Middle Last

BIRTH NAME _____
First Middle Last

ALL OTHER NAMES USED _____

ADDRESS _____
Street City State Zip

DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

List all states where you have lived in the last fifteen years:

Have you ever worked or attended schools under any other name?

___ Yes ___ No

SIGNATURE _____ DATE _____