



## VOLUNTEER APPLICATION

Please print (use dark ink) or type. If you need additional space, attach a separate sheet.

VOLUNTEER INFORMATION							
Last Name:		First Name:	M.I.:				
Mailing Address:		City:	State: Zip:				
Home Phone #:	Cell Phone #:	Email Address:					
Are you 18 years of age or older? (circle answer) <input type="checkbox"/> YES <input type="checkbox"/> NO							
EDUCATION							
High School Name/Location:		Years Completed:	Diploma: <input type="checkbox"/> YES <input type="checkbox"/> NO				
College/University Name/Location:		Years Completed:	Degree Type/Major:				
College/University Name/Location:		Years Completed:	Degree Type/Major:				
Trade/Business School/Other:		Years Completed:	Degree Type/Major:				
Specialized, work-related training, seminars, licenses, certifications, apprenticeships, memberships, etc.:							
COMPUTER SKILLS							
Please indicate your skill level in each computer program as Beginning, Intermediate, Advanced, or N/A.							
Excel	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced <input type="checkbox"/> N/A				
Word	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced <input type="checkbox"/> N/A				
Access	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced <input type="checkbox"/> N/A				
PowerPoint	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced <input type="checkbox"/> N/A				
Other:	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced <input type="checkbox"/> N/A				
Other:	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced <input type="checkbox"/> N/A				
Other:	<input type="checkbox"/> Beginning	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced <input type="checkbox"/> N/A				
<b>ADDITIONAL INFORMATION:</b> Are there any other skills or qualifications which you feel would especially fit you for this assignment?							
				EMPLOYMENT HISTORY			
				Beginning with current or most recent employer, list all past employment. Include military service assignments, self-employment, volunteers services, either paid or unpaid, in your work history.			
				Employer Name/City/State:		Start Date:	End Date: Job Title:
				Description of duties:			
				Employer Name/City/State:		Start Date:	End Date: Job Title:
				Description of duties:			
Employer Name/City/State:		Start Date:	End Date: Job Title:				
Description of duties:							
Attaching additional Employment history?			Yes No				

**AREAS OF INTEREST**

Indicate which department/area where you would like to volunteer with a brief explanation of why.

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**AVAILABILITY**

Typical hours of operation are 8 a.m. – 5 p.m. Some weekend and evening assignments may be available.

Indicate days of week available:  Sun  Mon  Tue  Wed  Thu  Fri  Sat

# of hours/week available:	Additional information regarding availability:
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**CERTIFICATION & AUTHORIZATION**

To document your agreement, please read each statement and initial in the box, and sign your name below.

1. If approved to volunteer by the Confederated Tribes of Grand Ronde (CTGR), I agree to comply with all policies and Tribal Law set forth by CTGR.	
2. I understand that CTGR maintains a drug-free campus. CTGR believes that prohibiting the use or influence of alcohol, illegal drugs and controlled substances on campus will improve safety, health and productivity. I understand the CTGR reserves the right to conduct pre-assignment, post-accident and reasonable suspicion drug and alcohol testing of its volunteers. I further understand that I give my consent to submit to such testing the results and other relevant medical information will be released to the person(s) authorized by CTGR for appropriate review and response. I agree to allow release of such information. I understand that being assigned as a volunteer that it will be condition upon satisfactory passing a drug test and background check.	
3. I certify that all answers to questions in this application and additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresenting facts and material omissions may be ground for denial or end of volunteer assignment whenever discovered. I hereby authorize investigation of all statements provided during the application process and all references to give CTGR any and all pertinent information they may have, personal or otherwise, and release from all liability or responsibility CTGR, its agent or entity and all persons, companies or organizations providing information to CTGR.	
Signature:	Date: