



34600 Cape Kiwanda Drive • PO Box 1111 • Pacific City, OR 97135 • 503-965-7900
kiawandacc@gmail.com

KCC Volunteer Application

Name: _____ Date of Birth: _____

Address: _____

City/State: _____

Phone: _____ Cell: _____

(If interested in a Meals on Wheels Driver position, you will need to complete the "Request to Initiate Background Check" with NorthWest Senior & Disabilities Services (NWSDS) as well as their Volunteer Application.

Emergency Information

Emergency Contact: _____ Relationship: _____

Phone #: _____ Cell #: _____ Work #: _____

Primary Care Physician: _____ Phone: _____

Work Preference

Times: 9:00 am – 1:30 pm shift 1:30 – 4:30 pm shift Events Other Available Hours _____

Days: M TU W TH F Sat. Sun.

I'm interested in:

Front Desk Community Events Support Private Events Support Landscaping/gardening
 Building/Maintenance Cleaning Photography Social Media Other _____

I understand that while performing my duties as a KCC volunteer, I will be covered by a group accident policy.

Date: _____

Signature



STATEMENT OF CONFIDENTIALITY

Confidentiality is the preservation of privileged information concerning the members of the community who disclose personal and private information with our staff members and volunteers. A part of what you learn is necessary at times in providing services to our community members. You are obliged as a volunteer to keep all information findings and records of individuals in confidence and not to speak of learned information with anyone outside of Kiawanda Community Center. If you ever have any questions concerning this policy, please direct all inquiries to the Executive Director or Board Member.

Before you begin your volunteer work, you should be aware of the laws and penalties of breaching confidentiality. Giving information to an unauthorized person could be interpreted as not acting within the scope of duty and the Community Center could refuse to support you in the event of legal action. Violations of statutes regarding confidentiality of records may be a crime. In addition, a breach of confidentiality may cause a termination of your volunteer relationship with KCC.

_____ Date: _____ Signature



REQUEST TO INITIATE BACKGROUND CHECK

Date: _____

Position: _____

Background Check is (check one) - New Recheck

Background Check for:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Gender: _____ SSN/INS (voluntary) _____ All

other names used (include Maiden Name): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Home or Message Phone: _____ E-mail Address: _____

ID# or Type: _____ Person verifying ID (initials) _____

I understand that a criminal records and abuse check will be completed on me and the information may be shared with NWSDS. My signature authorizes the Background Check Unit to request and receive any juvenile police, court or investigation reports needed to complete this background check.

In the event potentially disqualifying information is discovered, I will be notified at the address listed above and asked to provide additional information. I certify the information I have provided correct and complete. I understand that if I provide false or incomplete information, my application may be closed or I may be denied the position. I understand the check may be repeated during the time I hold this position.

Signature

Date: _____