



Bienestar

Please complete this form and **FAX to 503-693-4639** or mail the form to 220 SE 12th Ave, Suite #A-100, Hillsboro, OR 97123-4667.

Volunteer Service Form

Name: _____ Social Security #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Person to contact in case of emergency: _____

Emergency Contact Telephone: _____

Are you under 18 years of age? Yes ____ No ____ If so, parental consent required.

Occasionally our organization takes photographs and writes articles relating to volunteers and their assignments. Please indicate below whether you grant us permission to use your picture and name should we be in a position to include your photograph in future publicity.

_____ Yes, I give Bienestar permission to use my name and photographs for public relations purposes.

_____ No, I do not give Bienestar permission to use my name and photographs for public relations purposes.

Volunteers of Bienestar who work with our residents must provide social security number and permission for us to run a background check. This is a requirement of our insurance carrier.

_____ Yes, I give Bienestar permission to run a background check using my name and social security number.

Please indicate the program for which you wish to volunteer:

_____ Anticipated days/hours: _____

We are so grateful to you for your gift of time, one of life's most precious commodities. On behalf of the families that we serve, we thank you and deeply appreciate your help in achieving our mission of building housing, hope and futures for working families.

Signature of Volunteer

Date