



Welcome!

Dear Prospective Volunteer,

Thank you for your interest in volunteering at NUNM. Volunteers play a valuable role in customer service, education, and support for the NUNM departments and are important contributors to the University's mission.

NUNM is a positive place to serve your community. There are a variety of ways to get involved. You can share your talents and meet other people dedicated to the same values and mission that NUNM bestows to the community through its University and clinics. NUNM volunteers share a commitment to superior educational programs, professional personal appearance and quality customer service. Based on interest, skills and volunteer positions available, you may volunteer at any NUNM location.

An interview will be conducted to discuss your volunteer options and the skills you wish to share. Volunteers will receive a Volunteer Orientation and departmental discussion regarding duties with the supervisor of the particular area in which they are volunteering. Your dress attire will be the same as employees in which you volunteer.

NUNM values the dedication and many hours of service its volunteers give each year. Thank you again for your interest in being part of our committed team of volunteers.

Sincerely,

Dr. David Schleich
President

*(please return the completed application to the Community Health Centers Assistant Manager)
Ada Grey Catanzarite, acatanzarite@nunm.edu - 503-552-1711 - 049 SW Porter St, Portland, OR, 97201*

The Basics: (please provide your basic information below)

| | |
|---------------------------------------|-------------------------|
| Full Name & Preferred Pronouns: _____ | |
| Address: _____ | |
| City/State/Zip: _____ | |
| Mobile Phone: _____ | Birthdate: _____ |
| Email: _____ | Application Date: _____ |
| Position(s) Desired: _____ | |

Please tell us how you found out about NUNM Volunteer Program? _____

Education Experience & Special Skills: (please indicate your experience below)

| | | | |
|--------------------------|----------------------|--------------------------|------------------|
| <input type="checkbox"/> | High School: _____ | <input type="checkbox"/> | Diploma: _____ |
| <input type="checkbox"/> | University: _____ | <input type="checkbox"/> | Degree(s): _____ |
| <input type="checkbox"/> | Graduate: _____ | <input type="checkbox"/> | Degree(s): _____ |
| <input type="checkbox"/> | Post Graduate: _____ | <input type="checkbox"/> | Degree(s): _____ |

Special Training, Skills and/or Other Certification:

Do you speak another language? Yes No If 'yes', list languages: _____

Reasons For Volunteering:

What skills can you contribute to this position?

What experience do you have in this area?

Why are you interested in this position?

Work Experience: (please provide a resume or brief history of your professional and volunteer experience)

Desired Outcomes: *(please check the outcomes you hope to achieve as a result of volunteering at NUNM)*

- | | |
|---|--|
| <input type="checkbox"/> Meet new people who share similar interests | <input type="checkbox"/> Letter of reference |
| <input type="checkbox"/> Personal growth through learning | <input type="checkbox"/> Class credit |
| <input type="checkbox"/> Hope to become employed | <input type="checkbox"/> Contribute to community |
| <input type="checkbox"/> Keep my skills honed | <input type="checkbox"/> On the job training |
| <input type="checkbox"/> I would like to keep NUNM for future generations | <input type="checkbox"/> I would like to be identified as a part of NUNM |
| <input type="checkbox"/> Constructive use of leisure time | <input type="checkbox"/> Network for employment & business |
| <input type="checkbox"/> Would like to repay NUNM in some way | <input type="checkbox"/> Enjoy helping others |

Availability: *(please detail your general schedule of available times to volunteer with NUNM)*

Medical Information: *(this information is required for all health center volunteers; the information is kept in confidence within the Human Resources Department and will only be used if you require medical assistance)*

In case of an emergency NUNM personnel should contact the following individual(s):

Name(s): _____

Phone: _____

Relationship: _____

Do you have any disabilities that we should be aware of? Yes No

Describe: _____

Do you want the emergency personnel to know about any medications you are taking? Yes No

If yes, what are they: _____

Do you have allergies? Yes No

Please list: _____

Do you want the emergency personnel to know about any of these allergies? Yes No

Please list and describe any administration that may be required in an emergency:

Do you have medical conditions that cause you to lose consciousness? Yes No

Please List: _____

Is there any information that emergency medical personnel should be aware of? Please describe:

I give permission for NUNM to release this information to emergency medical personnel my volunteer supervisor.

Yes No

I consent to the administration of First Aid by NUNM staff in the event of an emergency.

Yes No

Signature _____

_____ **Date**

Certification: *(please read carefully before signing the application).*

A. NUNM is an equal opportunity employer and will consider applicants for all volunteer positions without regard to sex, age, race, color, religion, marital status, national origin, handicap, veteran status, sexual orientation or any other legally protected status.

B. The skill-sets of the volunteer applicant will be compared to those skill-sets needed.

C. NUNM will not tolerate harassment, of any type, in the workplace.

D. I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of the application will result in my being eliminated from further consideration. I further understand that, if accepted, any misrepresentation or material omission, which becomes known to NUNM, may result in immediate termination of my volunteer services.

E. I consent to NUNM using information within this application to conduct reference checks and a criminal background check.

F. I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give a NUNM representative any relevant information regarding me and my previous employment.

G. I agree to conform to all existing and future instruction, rules and policies of NUNM. I understand that my position may be terminated at any time, by me or NUNM.

H. I agree that I offer my services as a volunteer with no expectation of monetary compensation and that I fully understand that I will be required to attend an orientation and training specific to my volunteer role.

I. I have read and reviewed the above certification statements and other information on the application and that the above information is true, correct and complete.

Signature of Volunteer: _____

Date: _____