



PORTLAND POLICE BUREAU
est. 1923

Volunteer Application

Contact Information			
Today's Date:		Date Received:	
Name	Last:	First:	MI:
Preferred To Be Called			
Aliases/Other Names used:			
Date of Birth	/	/	
Street Address			
City, State, Zip			
Day or Work Phone		Evening or Home Phone	
Cell Phone	<i>Please Circle preferred contact method</i>		
E-Mail Address			
Driver License or ID Number	#:	State:	BPST#: (for officers)
Occupation			
Employer, Address, State, Zip			

Availability		
Days	Location	Frequency —How often would you like to volunteer?
<input type="checkbox"/> Monday <input type="checkbox"/> Thursday <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Wednesday <input type="checkbox"/> Saturday	<input type="checkbox"/> N. Thompson Location <input type="checkbox"/> S.E. Stark Location	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Occasionally

Interests (please indicate for post pandemic use)

Regular Volunteer (consistent weekly or monthly schedule)	Occasional Volunteer
<input type="checkbox"/> Assisting clients in clothing room	<input type="checkbox"/> Events
<input type="checkbox"/> Assisting clients navigate food pantry	<input type="checkbox"/> Holiday box packing and deliveries
<input type="checkbox"/> Hanging & sorting clothing	<input type="checkbox"/> Hanging & sorting clothing
<input type="checkbox"/> Stocking shelves in food pantry	<input type="checkbox"/> Stocking shelves in food pantry

Special Skills or Qualifications and Previous Volunteer Experience

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

References

Name	Daytime Phone	Email Address

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
Do you have any medical conditions we should be aware of?	

Agreement, Signature and Policy

Read the following carefully before you sign:

- ◆ All prospective volunteers are subject to a criminal history check. This check is confidential and open to explanations. By signing on the line below, you are both authorizing this background check and confirming that all information listed above are valid and truthful to the best of your knowledge.
- ◆ A false statement on any part of your application will be grounds for not selecting you, or for removing you from future Sunshine Division assignments.
- ◆ Volunteers are required to sign an additional Volunteer Agreement before working on a regular basis.

Signature

Date

Signature of parent or guardian (if volunteer is under 18)

Date

Please return to:

Portland Police Sunshine Division Attn: Volunteer@sunshinedivision.org

687 N. Thompson/Portland, OR 97227

Fax: 503-823-2118

It is the policy of The Sunshine Division to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

For office use only:

_____ *Date Received*

_____ *Background Check Complete*

_____ *Orientation Notice Sent*

_____ *First Volunteer Activity Completed*

_____ *Entered in CC*

6/7/2021 10:46 AM

www.sunshinedivision.org