



**VOLUNTEER APPLICATION  
 UMATILLA-MORROW HEAD START, INC.  
 110 NE 4<sup>TH</sup> STREET  
 HERMISTON, OR 97838  
 (541) 564-6878 FAX: (541) 564-6879**

(Answer All Questions - Please Type or Print Clearly)

**PERSONAL INFORMATION:**

NAME: \_\_\_\_\_ PHONE(Home/Cell) \_\_\_\_\_ (Message) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH (DOB) \_\_\_\_\_

**AREA OF INTEREST:**

	Teacher Assistant		Bus Monitor		Clerical/ WIC Clerk
	CASA Advocate		Cook Assistant		CCR&R Trainer
	SMART Reader or SMART Coordinator		Health Resource Assistant		Maintenance Specialist
	Healthy Families Volunteer		Mentor		Garden Volunteer

Other areas interests or talents that you would like to share: \_\_\_\_\_

I am a (check one)  Community Member  Parent

NAMES OF CHILDREN IN HEAD START: \_\_\_\_\_

**EDUCATIONAL TRAINING:**

NAME AND LOCATION	YEARS OF ATTENDANCE	DIPLOMA, CERTIFICATE OR DEGREE RECEIVED
Elementary School:		
High School:		
College or University:		

**HOURS AND DAYS AVAILABLE:**

Hours Available	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning							
Afternoon							
Evening							

**WHY WOULD YOU LIKE TO VOLUNTEER?**

**EMPLOYMENT/VOLUNTEER HISTORY:** Briefly describe your current and/or past work experience or past volunteer history.

**INTERESTS, HOBBIES, SKILLS, FOREIGN LANGUAGES:**

**WHAT KIND OF TRAINING WOULD YOU LIKE TO LEARN REGARDING VOLUNTEERING:**

**PROCEDURE: To volunteer in the Umatilla-Morrow Head Start, Inc. programs:**

- Complete the Program Application
- Submit to a criminal record check
- Complete an onsite interview
- Show documentation of a TB screen before volunteering

<b>EQUAL OPPORTUNITY</b>	<b>DRUG-FREE WORKPLACE</b>	<b>AMERICANS WITH DISABILITIES ACT</b>
UMCHS, an equal opportunity employer, complies with provisions of all Federal and State statutes relating to nondiscrimination, such as Fair Practices Act, section 504 of the rehabilitation Act, and Title IX Regulations.	UMCHS is committed to maintaining a drug-free workplace and strictly complies with the Drug-Free Workplace Act of 1988.	UMCHS complies with provisions of the Americans with disabilities Act of 1990. Reasonable accommodations for the application and interview process will be provided upon request and as required. Disabled persons may contact the Personnel office for additional information or assistance.

I authorize Umatilla-Morrow Head Start, Inc. (UMCHS) to seek all information relative to my Application for Career Ladders and candidacy. I further authorize past employers or anyone with information about my history, education and qualifications to provide such information to UMCHS in response to their inquiry. I agree to hold harmless from any liability (suit, claim or other action) anyone supplying such information. The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with UMCHS.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_