



Office Use Only
Date Received _____
Received By _____

Jackson Soil & Water Conservation District
89 Alder Street Central Point OR 97502
Telephone: 541-423-6159 Fax: 541-772-7471
www.jswcd.org

VOLUNTEER APPLICATION

(Please print clearly)

***Please note: All volunteers over the age of 18 are subject to a standard background investigation.**

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Telephone: (Home) _____ (Cell) _____ (Work) _____

Email: _____ Birth Date: ____/____/____ Gender: M __F__

How did you hear about Jackson Soil and Water Conservation District?

PLEASE CHECK AREAS OF INTEREST:

Youth Programs

- Outreach/marketing
- Program Instructor/Assistant
- Develop educational material
- Specific Program(s)

Events

- Assist in event booth
- Developing outreach/educational material
- Developing demonstration/activities
- Specific Event(s)

Newsletter

- Gather news/write articles
- Layout
- Print/fold/mail

Outreach

- Art/Graphic Design
- Exhibit Assistant
- Program development
- Taking photos
- Archiving Photos

Student Projects

- College Capstone
- College Thesis
- Senior Project (High School)
- Technical Experience
- Community Service Credits

- Posting fliers
- Phone/email/event co-ordination

Monitoring

- Water flow/temperature
- Soil moisture
- Photo
- Streamside assessment

School Programs

- Indoor classroom instructor
- Outdoor field program instructor
- Research aide/materials prep.

Office and Administration

- Special projects/computer aid
- Fundraising
- Reception
- Printing fliers, forms
- Filing
- Volunteer co-ordination

Community Programs for Adults

- Education assistant
- Program assistant
- Volunteer instructor (*experience needed*)
- Specific program _____

Other areas of interest

Position(s) you are applying for _____

Age groups you prefer to work with _____

Have you ever pled guilty or been convicted of a crime? Yes _____ No _____

If yes, explain _____

Please check the certifications you currently hold and list the expiration date

_____ Driver's License (state and number _____)

_____ Standard 1st Aid (expires _____)

_____ CPR (expires _____)

_____ Other _____

How many hours are you available per week or for special events? _____

List hours you are available

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Please list any training or skills you have that are relevant to volunteering with us

(Please attach a resume if applicable)

Do you have any health issues or physical restrictions?

Why do you want to volunteer with Jackson Soil and Water Conservation District?

References (non-relatives you have known for at least 1 year)

Name	Address and Phone	How do you know them?	Years known

*No signature is available for this digital form, simply date and save your document

I certify that the information on this application is true, complete and correct. I authorize the Jackson Soil and Water Conservation District to perform the necessary background checks (18 and older applicants) to determine my qualifications for volunteer work and the safety of program participants.

SIGNATURE _____ DATE _____

*If the person applying is under the age of 18, a parent/guardian must sign below. Your signature indicates this application is made with full approval on your part.

PARENT/GAURDIAN
SIGNATURE _____ DATE _____

Jackson Soil and Water Conservation District prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or familial status. (Not all prohibited bases apply to all programs.) Jackson Soil and Water Conservation District is an equal opportunity employer.

Staff Use Only:

Volunteer agreement signed _____
Background check form signed _____
Check completed _____

Orientation scheduled for _____
Orientation completed _____
Approved by _____