

ASIAN HEALTH & SERVICE CENTER



Portland Office:
9035 SE Foster RD.
Portland, OR 97266
Phone: (503) 872-8822
Fax: (503) 872-8825

Beaverton Plaza Office:
3800 SW Cedar Hills Suite 196
Beaverton, OR 97005
Phone: (503) 772-5880
Fax: (503) 872-8825

Volunteer Application

First Name: _____ Last Name: _____ Date: _____

Home Area: _____

Phone: _____ Email: _____

Sex: Male Female Birthdate: _____ Age: _____

Mode of Transportation: Car Public Transportation Bike Walk

Language(s) You Speak: English Mandarin Cantonese Korean Vietnamese Other: _____

Language(s) You Read & Write: English Chinese Korean Vietnamese Other: _____

Occupation: _____

Educational Background: _____

Additional Experience/ Skills/ Training/ Interests: _____

Volunteer Information

Please describe any physical or mental limitations or legal restrictions which might influence your volunteer responsibilities.

Please describe your personal goals as a volunteer at AHSC. What would you like to accomplish / what kind of experience would you like to gain as a volunteer here?

What is the projected duration of your volunteer commitment at AHSC?

From: _____/20__ To: _____/20__

Availability

Available Time	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
Please write the time you would like to volunteer						

Total Hours per week : _____

Activities and Tasks of Interest

	Interested	Experienced	Want to be trained
Asian Cancer Resource Support Services (ACRSS) Navigator			
Art or special classes			
Cleaning and organization			
Data entry			
Decoration			
Filing paperwork			
Food Services			
Interpreting (legal and other issue)			
Interpreting (medical only)			
Letter reading			
Other office tasks			
Photography			
Presentation/ leading group activities			
Socializing with seniors			
Other:			

Have you visited our website (<http://www.ahsdpdx.org/>)? Yes Not yet

How did you learn about Asian Health & Service Center? _____

Why volunteer now? _____

Please list 3 references we may contact:

Name	Relationship	Phone	Email	Address

Emergency Contacts:

Name	Relationship	Phone

In filling out this application form, I understand that Asian Health & Service Center is not obligated to provide me with a volunteer opportunity.

My signature below certifies that all information on this application is correct and complete to the best of my knowledge. I hereby release any of my former employers, their agents, references, educational institutions, law enforcement agencies history, and I understand Asian Health & Service Center will not be held responsible for any loss of my application or other any damage whatsoever in responding this application.

My signature signifies that I agree to abide by the rules and regulations of Asian Health & Service Center, and I understand that my volunteer duty can be terminated with or without cause, at any time, at the discretion of Asian Health & Service Center or myself.

Volunteer Signature _____ **Date** _____

Guardian Signature _____ **Date** _____
(If volunteer is under 18 years old)