

Oriol Foundation - Volunteer Application



Contact Information

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Mobile Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Compassionate visits
 Community Events (health fairs, meals etc.)
 Community health education (registration, service, etc.)
 Fundraising
 "This is Me" Life Reviews
 Greeting
 Newsletter production
 Volunteer coordination

Special Skills, Qualifications & Previous Volunteer Experience

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

Volunteer Interest

Please state why you are interested in volunteering with the Oriol Foundation:

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References

List names, telephone numbers and emails of three business/work references who are not related to you. If not applicable, list three school or personal references who are not related to you.

Name	Phone Number	Email

Applicant Statement

I certify that all information I have provided in order to apply for a volunteer position with the Oriol Foundation is true, complete and correct.

I expressly authorize, without reservation, Oriol Foundation, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or interview. I hereby waive any and all rights and claims I may have regarding Oriol Foundation, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the volunteer process and all other persons, corporations or organizations for furnishing such information about me.

I understand that Oriol Foundation does not unlawfully discriminate and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for volunteerism on any basis prohibited by applicable, local, state, or federal law.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for volunteerism, or (ii) may result in my immediate discharge, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant's Statement.

Name (printed)	
Signature	
Date	

For additional information please email: info@oriolfoundation.org.