



**Community  
Based  
Activity  
Program**

1341 Pacific Avenue Forest Grove, OR 97116  
Tel/Fax: 503.359.2512

**VOLUNTEER APPLICATION - 2019**

**APPLICANT INFORMATION**

Name (Last, First M.):	DOB:	T-SHIRT SIZE:
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<b>Emergency Contact:</b>	<b>Phone Number:</b>
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Medical Issues/Allergies/Reactions we should know about:

Have you participated in CBAP before? → Yes → No	Total years participated: _____	Have you volunteered? → Yes → No Number of years: _____
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Are you age 15 or older? → Yes → No	Home Phone:	Cell Phone:
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Address:	E-mail:
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City:	State, Zip:	Dates Unavailable:
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**INTERESTED IN: CBAP – 7:45AM – 2:15PM**

Type: → Volunteer	Hours: → Full-time (Mon. – Thurs.)
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**EDUCATION AND TRAINING**

Highest Ed.:	Degree:	Year:	Current Grade:
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Do you speak any foreign languages? → No → Yes	If yes, what languages?
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Describe any specialized training:

I am currently trained in: → CPR (date) _____ → FA (date) _____	If interested in being trained, please check box: → Yes → No
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**PERSONAL REFERENCES**

Give name, address and telephone numbers of two references who are not related to you.

Name:	Address:	Phone:
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Name:	Address:	Phone:
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**EXPERIENCE**

Why do you want volunteer with the Community Based Activity Program?

What experience do you have working with children with/without disabilities?

Have you ever been dismissed or discharged, or separated employment in order to avoid discipline or discharge?  
→ No → Yes If yes, please explain:

Have you ever been convicted for any crime or sex related offenses?  
→ No → Yes If yes, please explain:

**AGREEMENT**

**PHYSICAL INFORMATION:**

CBAP staff must be physically fit and healthy. You must be able to perform tasks, with or without reasonable accommodation.

**NON-DISCRIMINATION:**

The Community Based Activity Program is an equal opportunity employer and complies with all applicable state and federal statutes and regulations in employment and school district programs. CBAP does not discriminate on the basis of race, religion, color, national origin, gender, marital status, age or disability in employment or the provisions of services.

**CRIMINAL CONVICTIONS:**

Some jobs in our organization may not be held by persons convicted of certain crimes. If you are applying for such a position, our personnel staff will ask you if you have been convicted of a crime that would disqualify you for the particular job you are interested in. The existence of a criminal record, per se, is not an automatic bar to employment with our organization. Our personnel staff may not ask if you have ever been arrested or held for a crime for which you were not convicted.

**RELEASE OF INFORMATION**

I hereby grant the Community Based Activity Program permission to obtain information regarding my criminal records. I further authorize the Community Based Activity Program to check the employment references I have listed on this application form and to obtain information from prior employers regarding my employment history. I authorize the Community Based Activity Program to take any and all actions necessary to investigate and verify any information provided in my application for employment, and to obtain information relevant to evaluating my qualifications and fitness for employment with the organization. I authorize my listed prior employers, and anyone else contacted by the Community Based Activity Program, to provide such information to the organization. I hereby release the Community Based Activity Program from any liability whatsoever for obtaining and providing that information, regardless of the results. If hired, and upon leaving the employment of the organization, I authorize the Community Based Activity Program to provide information to prospective employers that is relevant to my fitness as an employee.

Name of applicant (print):

Date:

Signature of applicant:

Date:

**PLEASE READ AND SIGN**

I hereby declare that the facts set forth on this application for employment are true and complete to the best of my knowledge. I understand that any omissions on this application may prevent my application from being evaluated by the organization. I understand that any misrepresentations, falsifications, or omissions on this application or on any other documents submitted to the Community Based Activity Program in the course of my application for employment will be sufficient cause for this application or on any other document submitted to the organization in the course of my application for employment shall be considered sufficient cause for immediate dismissal.

Name of applicant (print):

Date:

Signature of applicant:

Date:

**NEW APPLICANTS - HOW DID YOU HEAR ABOUT OUR PROGRAM?**

→ Web Page → Newspaper Ad → Employee Referral → Participant Referral → I was a participant → Other \_\_\_\_\_

**Thanks for your interest! Please return this application to:**

Community Based Activity Program  
1341 Pacific Avenue  
Forest Grove, OR 97116  
(503) 359-2512