**DALA’S BLUE ANGELS-- Volunteer Application**

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Cell Phone |  |
| SPONSORED BY |  |
| E-Mail Address |  |

## Mission and Vision

Mission: Our mission is to promote the well-being of children and prevent child abuse and neglect through education and advocating for the children in the community, and to promote community growth.

Vision: Every child in our community to grow up in a stable and safe family with supports that they need, to enable them to contribute to stronger communities today and as adults for tomorrow.

## Expectations

### You must volunteer at the Mandatory Event WAM and 2 other events for the year

\_\_\_\_ Walk a Mile for a Child (Event Day)—REQUIRED

\_\_\_\_ Santiam Excursion Train Rides

\_\_\_\_ Holidays in the Park

\_\_\_\_ Flamingo Flocking

\_\_\_\_ National Night Out

\_\_\_\_ Corvallis Half Marathon

\_\_\_\_ Turn Lebanon Blue (ribbons up & down)

\_\_\_\_ Cast with a Cop

\_\_\_\_ Shop with a Cop

\_\_\_\_ Other Events (as announced)

*We know by volunteering you are generously donating your time, skills, and efforts. A volunteer environment is still a workplace, and certain responsibilities must be upheld. We ask you to be respectful towards others, maintain confidentiality and privacy, and be punctual, reliable, and engaged. Ask for support when needed; and leave your personal problems, drama, and conflicts at home. There are dress expectations at events, and expectations of professionalism on social media and in the public.*

## Previous Volunteer Experience

### Summarize your previous volunteer experience.

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Please describe any physical limitations you may have.

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Do you have any child/minor related criminal convictions? Yes\_\_\_\_ No\_\_\_\_

Are you a registered sex offender? Yes\_\_\_\_ No\_\_\_\_
If yes, please describe.

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## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Reference

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Reference

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| Work Phone |  |
| E-Mail Address |  |

After we receive your application, we will contact you and arrange for an interview in person or by phone. All information on this form will be kept confidential. Please be advised that since work with a vulnerable population, we may require a criminal background check. We will advise how this may be done in the most efficient way.

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a member of Dala’s Blue Angels, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that I volunteer at my own risk and the organization does not assume any liability for any accidental injury or health problem arising from the volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward. I also understand the expectations outlined in this application and will adhere to them.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

### Thank you for completing this application form and for your interest in volunteering with us.

This form can be emailed to dalasblueangels@gmail.com



Form reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Application presented to the Board:

Approval\_\_\_\_\_\_ Denial\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_