



Central Oregon Veterans Outreach

RESPECT • SUPPORT • ADVOCACY

VOLUNTEER APPLICATION

(An Equal Opportunity Employer)

Please download this to your computer or device before filling it out.
Email to covo@covo-us.org.

NAME	MAILING ADDRESS	CITY, STATE & ZIPCODE
HOME PHONE	CELL PHONE	EMAIL ADDRESS

EMERGENCY CONTACT INFORMATION

Name:	Address:	
Home Phone:	Cell Phone:	Email:
Relation:		
Have you ever applied for employment with COVO? (mark one) YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have family members that work for COVO? (mark one) YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list name:
Have you lived in Oregon for the last five consecutive years? (mark one) YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you at least 18 years of age? (mark one) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Do you have driver's license or state ID? (mark one) YES <input type="checkbox"/> NO <input type="checkbox"/>	State of Issue (attach copy):	License Number:
Date you can Begin:	Days and times that work best for you:	

EMPLOYEMENT INFORMATION

	Employer	Dates	Occupation/Job/Duties
1			
2			
3			

PAST OR PRESENT VOLUNTEER EXPERIENCE

	Organization	Dates	Job/Duties
1			
2			
3			

REFERENCES

– Please list at least two. They may be employment, educational or personal in nature-

Reference 1

Name:	Phone:	Address:
Occupation:	Type:	

Reference 2

Name:	Phone:	Address:
Occupation:	Type:	

Reference 3

Name:	Phone:	Address:
Occupation:	Type:	

- I certify that all statements contained herein are true and complete whether made by me or others at my request.
- I understand and agree to be subjected to a criminal history background and reference checks.
- I agree to conform to the policies and procedures of Central Oregon Veterans Outreach, Inc.

Signature (in blue or black ink)

Date

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Suitable for work not requiring certification, licensing, internship, apprenticeship, or special training or education.