



Thank you for your interest in volunteering with Parkinson's Resources of Oregon (PRO)! Please complete this form as thoroughly as possible so we may find the best match for your time, interests, and experience. If you have questions, please contact us at (503) 594-0901 or (800) 426-6806.

MY PERSONAL INFORMATION

Name _____

Street address _____ City/State _____ Zip _____

Phone _____ Email: _____

Occupation and Employer (If retired, please tell us your occupation prior to retirement)

ABOUT ME

Hobbies, skills, and special interests:

Education, training, or experience (especially volunteer experience):

How did you hear about volunteer opportunities at PRO?

Please tell us why you want to volunteer for PRO. Do you already have an idea for the type of volunteer activity you are interested in, i.e., office help or an event committee?



AVAILABILITY

- I would prefer to volunteer (please check one): regularly on occasion I'm flexible
- I'm usually free in the (check all that apply): morning afternoon evening
- For in-office roles, I would prefer: Bend Eugene Beaverton

MEDICAL AND EMERGENCY INFORMATION

In an emergency, please call:

First Contact: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Second Contact: _____

Relationship: _____

Home Phone: _____

Work Phone: _____

Do you have any allergies/physical limitations we need to know of? _____

VOLUNTEER RELEASE STATEMENT

I have read and accept the Parkinson's Resources of Oregon (PRO) Release Statement and agree to the Confidentiality Guidelines outlined below. As a condition of my participation in the PRO Volunteer Program, I hereby release PRO and its agents, associates and related parties from all responsibility for personal injuries to me and damages to my property sustained in the performance of my volunteer activities.

Signature: _____ Date: _____

- Volunteers may have contact with confidential information. Please read the confidentiality statement below. Depending upon your volunteer task, you may be asked to provide personal references.
- After reviewing your application, we will contact you to arrange a time when we can discuss your interests and help you find the volunteer opportunity most suitable for you.

INFORMATION SHARING OUTSIDE THE AGENCY

I will not share any information about a member or person assisted by Parkinson's Resources of Oregon ("client" or the "clients") unless he or she has specifically given me permission to share information necessary to obtain needed services. Except in a situation where I have received permission **both** by the client **and** by the staff of Parkinson's Resources of Oregon, I will not either

- a. share information regarding a client or donor, or
- b. inform anyone that a specific client is being served by Parkinson's Resources of Oregon.

If a client is not able to give me permission to share information about his or her well-being, I will use good judgment to determine what information can be shared, deferring to the prior two statements whenever possible.

INFORMATION SHARING INSIDE THE AGENCY

I will only share with employees and members of the Board of Directors of Parkinson's Resources of Oregon information relating to clients that I consider important for them to know to perform their responsibilities with Parkinson's Resources of Oregon, to assist the client, or perform their work. I will only share information

- a. with employees and members of the Board of Directors of Parkinson's Resources of Oregon who can aid in providing service to the client and
- b. that is relevant to the assistance that they can provide.

Signature: _____ Date: _____

For Office Use Only

Application date: _____

Approved: Denied:

Reviewed by: _____

Date: _____