



Philomath Community Services Policies and Procedures

Title	Volunteer Interest/Registration Form
Revision Date	Draft – July 19, 2019
Revision Notes	Draft Initial Release



Philomath Community Services Volunteer Interest/Registration Form

PO Box 1334, 360 S. 9th St Philomath OR 97370

541-929-2499

Contact information: (Please print)

Name _____ Birth date (if under 18 years) _____

Mailing Address _____

Email _____

Home Phone _____ Cell Phone _____

Volunteer requirements you are trying to meet? _____ Hours Needed: _____

Organization: _____ Deadline: _____

How did you hear about volunteering at PCS? _____

Subscribe to the PCS quarterly newsletter? Yes No

Please note any specific programs of interest or roles for volunteer service? (Check all that apply)

- Philomath Food Bank
- Philomath Gleaners
- June's Kids Kloset
- Lupe's Community Garden
- Holiday Cheer
- Program Manager
- Board of Directors
- Other: _____

Please indicate your level of availability (check all that apply):

- Ad hoc/on call/as needed
- Regular weekly commitment
- Available weekdays before 5pm
- Available weekdays after 5pm
- Available weekends
- Other constraints/comments: _____

Please check any skills you would like to share with PCS:

Skill or Knowledge	
Office duties (organizing, filing, computer skills, etc.)	
Computer (word processing, spreadsheet, etc.)	
Website design or maintenance	
Spanish fluency (speaking or writing)	
Construction	
Gardening	
Fundraising	
Grant Writing	
Accounting	
Graphics Design	
Photography	
Public Speaking	
Project Management	
Event Planning	
Public Relations or Marketing	
Other:	
Other:	

In case of emergency, please contact:

Name _____ Relationship _____

Phone: Home _____ Cell _____ Work _____

Do you have medical conditions or allergies that we should know about? In case of emergency, please describe how we can help: (diabetes, seizure disorder, extreme allergy conditions, etc.)

By signing below, I acknowledge that I have read, understand and accept the Consolidated Ethical Expectations of Volunteers policy and the Volunteer Liability Release policy. I also authorize the use of my picture in Philomath Community Services publications.

Volunteer Signature _____ Date _____

If under 18, Parent Signature _____ Date _____

Please drop off at PCS or email completed form to
volunteercoordinator@philomathcommunityservices.org

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