



Project DOVE Volunteer Application

Personal Information

Legal Name _____ Birth Name _____

Other Names Used _____

Home Street Address _____ City/State/Zip _____

Mailing Address _____ City/State/Zip _____

Date of Birth _____ Place of Birth _____

Contact Number _____ Length of time living in the area _____

Emergency Contact _____ Emergency Number _____

Other Cities/States where you have resided in the last 5 year _____

Social Security # _____ Driver's License # _____ State _____

Place of Employment _____ Work Phone _____

May we contact you at work? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense in Oregon or any other state? ☐ Yes ☐ No

If "yes", what was the offense, where did it occur, how was it resolved? _____

Are you currently on either Probation Parole? ☐ Yes ☐ No

I understand that the information contained in this application will be used for the purpose of conducting a criminal background check. By signature I hereby authorize Project DOIVE to obtain information about me from any law enforcement or any other source deemed necessary.

Signature: _____ Date: _____

NOTE: If there are scheduled duties assigned, we expect you to be here during your scheduled time. **You must call in advance if you are unable to meet this obligation** so Project DOVE has the opportunity to find another person to fulfill your scheduled duties.



Project DOVE Volunteer Application

Do you have any disabilities that would interfere with your work here? ☐ Yes ☐ No

List disabilities: _____

Other Comments: _____

Which days are you available?

☐ Sun ☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

(Check all that apply)

Which hours are you available?

From _____ to _____ A.M.

From _____ to _____ P.M.

For Crisis Line Shifts: (Please check what shifts you are available to work.)

Mon. 5 p.m. – Tue. 8 a.m. ☐ Wed. 12 a.m. – Wed. 8 a.m. ☐

Thur. 12 a.m. – Thur. 8 a.m. ☐ Fri. 12 a.m. – Fri. 8 a.m. ☐

Sat. 12 a.m. – Sat. 10 a.m. ☐ Sat. 6 p.m. – Mon. 8 a.m. ☐



Project DOVE "Safety through Shelter & Support"
Volunteer Application * Personal Information

Legal Name _____ Birth Name _____

Other Names Used _____

Home Street Address _____ City/State/Zip _____

Mailing Address _____ City/State/Zip _____

Date of Birth _____ Where were you born? _____

Home Phone _____ Length of time living in this area _____

Emergency Contact Name and Telephone Number _____

Other Cities/States where you have resided in the last five years _____

Social Security Number _____ Driver's license number _____ State _____

Place of Employment _____ Work Phone _____

May we contact you at work? ☐ Yes ☐ No

Have you ever been convicted of a criminal offense in Oregon or any other state? ☐ Yes ☐ No

If "Yes", what was the offense, where did it occur, how was it resolved?

Are you currently on either probation or parole? ☐ Yes ☐ No

I understand that the information contained in this application will be used for the purpose of conducting a criminal background check. By my signature I hereby authorize Project DOVE to obtain information about me from any law enforcement or any other source deemed necessary.

Signature: _____ Date: _____

Which days are you available? ☐ Sun ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat
(check all that apply)

Which hours are you available? From _____ to _____ A.M.
From _____ to _____ P.M.

NOTE: If there are scheduled duties assigned, we expect you to be here during your scheduled time. **You must call in advance if you are unable to meet this obligation** so Project DOVE has the opportunity to find another person to fulfill your scheduled duties.

Do you have any disabilities that would interfere with your work here? ☐ Yes ☐ No
List disabilities: _____

Other Comments: _____