



Community Shelter & Resource Center LINCOLN COUNTY Volunteer Registration/Application



Name _____

Primary Phone _____ E-mail _____

Mailing Address _____ City _____ State _____ Zip _____

Current Employer or School _____ Phone _____

Education, work, or volunteer experience _____

Skills or certifications _____

Languages you speak _____ or write _____

Have you ever been convicted of a crime? Yes No

If yes, explain (conviction, date, arresting agency) _____

Volunteer Position(s) Preferred: Kitchen Registration Shower/Laundry Clothes Closet Cleaning Any

Indicate the days and hours you are available or prefer:

SUN MON TUE WED THU FRI SAT 5-8 AM 5-8 PM Day Options

Personal References (not related)

Name	Address	Phone Number	Relationship

Work or Volunteer References

Name	Address	Phone Number	Relationship

Emergency Contact

Name	Address	Phone Number	Relationship

I give my permission for the named references to be contacted either verbally or in writing. I also understand that information obtained will be used only in conjunction with a Lincoln County volunteer position. I agree to a background investigation, including, but not limited to a criminal history check. All of the information on this application is true to the best of my knowledge.

Signature _____

Date _____

Print Name _____

Return completed application to Lincoln County Human Resources at 210 SW 2nd Street, Newport, OR 97365

Phone: 541-265-6611 | e-mail: hr@co.lincoln.or.us | Drop-off between 8 am – 4:30 pm M-F