

VOLUNTEER/INTERN APPLICATION Willamette Family, Inc.



Last Name	First Name	Middle initial	Date
Preferred Name	Preferred Pronouns		Phone
Home address			Email
			Best way to reach you
			Phone Email
City			How did you hear about us?
State	Zipcode		
Have you ever applied for employment with us? ___ Yes ___ No If yes: Month and Year:			Current employer, if appropriate
Date you can start your placement at Willamette Family			Estimated end date of placement

School Affiliation

Program / Major

Field Instructor/Liaison

Phone

Email

Emergency Contact Name

Relationship

Why are you interested in interning/volunteering with Willamette Family?

Willamette Family provides a wide continuum of treatment and services. Please check all that are of interest to you:

- | | |
|--|--|
| <input type="checkbox"/> Sobering & Detoxification Center | <input type="checkbox"/> Women's Residential Substance Use Treatment |
| <input type="checkbox"/> Intake/ Assessment Services | |
| <input type="checkbox"/> Men's Residential Substance Use Treatment | |
| <input type="checkbox"/> Out Patient Behavioral Health | <input type="checkbox"/> Early Childhood Education |
| <input type="checkbox"/> Family Services | |

Is there anything else that you want to share to help us match you with the most appropriate program or service?

PLEASE PROVIDE YOUR RESUME TO YOUR SITE SUPERVISOR, LISTING CURRENT AND FORMER EMPLOYERS AND TWO REFERENCES.

If your school requires a school agreement, please attach all necessary information.

Signature _____ Date _____

Supervisor _____ Date _____

Original to be filed with Willamette Family Human Resources Office
Copy given to student/volunteer
Copy given to site supervisor

Voluntary Demographic Data Collection

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Gender Identification:

- ☐ Male
- ☐ Female
- ☐ Other: _____
- ☐ Prefer Not to Answer

Age:

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65+
- ☐ Prefer Not to Answer

Marital Status:

- ☐ Married
- ☐ Single
- ☐ Other: _____
- ☐ Prefer Not to Answer

Disability Status:

- ☐ Disabled
- ☐ Visually impaired
- ☐ Hearing impairs
- ☐ Other: _____
- ☐ Prefer not to Answer

Served in the Military:

- ☐ Yes
- ☐ No
- ☐ Prefer not to Answer

Status:

- ☐ Active duty or Reserve
- ☐ Veteran
- ☐ Disabled Veteran
- ☐ Not applicable
- ☐ Prefer not to Answer

Branch:

- ☐ Air Force
- ☐ Army
- ☐ Coast Guard
- ☐ Marines
- ☐ National Guard
- ☐ Navy

Ethnicity:

- ☐ White (not Hispanic or Latino)
- ☐ Black or African American (A person having origins in any of the black racial groups of Africa)
- ☐ Hispanic or Latino (includes person of Mexican, Puerto Rican, Central American, South American or other Spanish origin or culture)
- ☐ Asian (Not Hispanic or Latino, includes peoples of the Far East, Southeast Asia, or the Indian Subcontinent)

- ☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino, includes peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- ☐ American Indian or Alaska Native (includes Central America, and those who maintain tribal affiliation or community attachment.)
- ☐ Two or More Races (Not Hispanic or Latino)
- ☐ Other: _____
- ☐ Prefer not to Answer