



Holy Names
HERITAGE CENTER

Volunteer Application

I. Personal Information

Date _____
Name _____
Address _____
City, State, Zip _____
Home Telephone _____
Cell _____
E-Mail _____

Emergency Contact information

Name _____ Relationship _____
Telephone _____ Cell _____

II. Skills and Interests

Educational background _____
Current or former occupation _____

Hobbies, skills, interests _____

Foreign languages _____

Speak ___ Read ___ Write ___

Other volunteer experience _____

Do you have any physical limitations that should be taken into consideration?

If so, please describe:

III. Time Commitment and Preferences

Why are you interested in volunteering at the Holy Names Heritage Center?

Please let us know the best days and hours of the week for you to work:
The Research room is open to the public Wednesday through Friday 10:00 to 4:00.

	AM	PM
Mon.	_____	_____
Tues.	_____	_____
Weds.	_____	_____
Thurs.	_____	_____
Fri.	_____	_____
Sat.	_____	_____
Sun.	_____	_____

Please check all the boxes that apply:

- I am interested in being a regularly scheduled volunteer
- I am unable to make a regular commitment, but I would like to volunteer for special projects
- I am interested in volunteering for special events

V. Please sign

I certify that all the answers to the questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge.

I understand as a volunteer I will perform my duties without compensation.

Signature _____

Date _____

Please mail application to 17425 Holy Names Drive Lake Oswego, OR 97034. For more information please email tbrosseau@holynamesheritagecenter.org or phone 503-607-0595