

VOLUNTEER/WORK HISTORY – This section MUST be completed entirely

List volunteer or work experiences (including any self-employment or military experience) beginning with your most **recent volunteer or paid work experience**.

Organization Your Title

Address

Supervisor's Name Telephone Number

Dates of Service Reason for Leaving

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CRIMINAL RECORD: (Conviction of a crime is not an automatic bar to becoming a volunteer at HAP. Factors such as nature and gravity of the crime, length of time since the conviction and/or completion of any sentence, and the nature of the work for which you want to volunteer will be considered.)

Have you ever been convicted, pled guilty or NO CONTEST or FORFEITED BOND or BAIL for any crime other than traffic violations? Yes No

If yes, give details: _____

DRIVING POSITIONS: If the volunteer position applied for involves driving, have you been CONVICTED, pled GUILTY, NO CONTEST or FORFEITED BOND or BAIL for traffic violations in the past three years? Yes No

If yes, give details: _____

I certify that the facts and information in this application and in any attachments or supporting documents are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omissions, as well as any misleading statements or omissions, will result in denial of a volunteer position, or dismissal at the supervisors discretion.

I authorize the investigation of all matters which the Housing Authority of Portland (HAP) deems relevant to my qualifications, including all statements made in this application and in any attachments or supporting documents. I authorize HAP to request and receive such information and I release from all liability any persons (such as former supervisors) or organizations supplying it. I also release HAP from all liability which might result from making the investigation.

I understand that, once I have been offered a volunteer position, I may be required to submit to a physical or other professional examinations. I agree to such examinations, and I authorize release of the results to HAP for use in evaluating my suitability for a volunteer position.

I understand that I may be required to submit to pre- or post-volunteer urinalysis tests to determine the presence of drugs and/or alcohol. I agree to such testing at HAP's expense. I authorize release of the results to HAP and its use to evaluate my suitability to volunteer. I also release HAP from all liability arising out of or connected with the examinations, inquiries and/or testing.

I have read each of these statements. I have also reviewed all of the information provided in this application and in any attachments or supporting documents. Yes No

Signature

Date

UNSIGNED APPLICATIONS WILL NOT BE PROCESSED