



CATALYST PARTNERSHIPS

Bringing Together Useful Resources and Loving Volunteers
to Meet the Needs of People in Our Communities

VOLUNTEER APPLICATION

A Non-Profit Community-Based Organization
P.O. Box 1922, Beaverton, OR 97075 / (503) 705-2847 / www.catalyst-partnerships.com

Dear Volunteer:

Thank you for your interest in volunteering with Catalyst Partnerships. We are glad to partner with you to help people in the community in practical ways. Through our Restoration Projects, we provide home repairs, remodeling, and cleanup services to families & individuals who are elderly, disabled, or otherwise in need. We also serve & partner with other non-profit organizations. We improve the safety and beauty of homes by assessing and addressing substandard conditions in a variety of construction trades. We are also able to help people in many other ways, and we often partner with other likeminded organizations. Our mission is to bring together useful resources and loving volunteers to meet the needs of people in our community, so we're glad to help in any way we can.

Funds for our projects, any necessary permits & fees, materials, etc., are provided by charitable donations (all gifts are tax deductible), volunteers like you, and the project recipients (the people we are serving), unless otherwise provided by Catalyst or other partnering organizations. Catalyst may or may not be able to provide necessary tools, so you are encouraged to use whatever resources you can to help with the project.

To apply to be a Restoration Project volunteer, or to volunteer for any other Catalyst program, please complete and submit the attached Application to:

Catalyst Partnerships
P.O. Box 1922
Beaverton, OR 97075

Please contact me if you have any questions.
Sincerely

Shawn Mitchell
President & CEO
(503) 705-2847
shawn@catalyst-project.com



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PERSONAL INFORMATION (Please complete the following. All information will be kept strictly confidential)

Full Name: _____ Male Female

Driver's License State and #: _____ Date of Birth: _____

Marital Status: Married Single If Married, Name of Spouse: _____

Name(s) / Age(s) of Family Members: _____

Present Address: _____

Previous Address (if at present address less than three years): _____

Home Phone: _____ Email: _____

Cell Phone: _____ Other Contact Number: _____

Emergency Contact Person: _____ Emergency Phone: _____

Please list two non-family Personal References we may contact:

Name: _____ Relationship to You: _____ Phone: _____

Name: _____ Relationship to You: _____ Phone: _____

VOLUNTEER INFORMATION

How did you hear about Catalyst? _____

What are you volunteering for? Restoration Projects Childcare Other: _____

How often would you like to volunteer? Just this time Few times this year Monthly Other: _____

When are you available? Saturdays Sundays Weekdays Other: _____

(For Restoration Project volunteers) I understand that only those individuals who have been expressly approved by Project Manager, in writing (on Crew Sign-Up sheet) may engage in hazardous activities such as use of power tools, use of ladders, etc.): Please provide details of your skills on the "Skills Assessment" form (pg.4)

POLICIES FOR MINORS

- Must be accompanied at all times by a parent, guardian, or other responsible adult approved by parent/guardian.
- Must work under the direction of, and maintain acceptable behavior under, Catalyst leaders & responsible adults.
- May not engage in hazardous activities (such as use of power tools), if under 12, or, if between 12 & 18, only under supervision of Catalyst leader or responsible adult.
- May never be alone with any non-family adult under any circumstances.



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MEDICAL INFORMATION

Do you have any allergies, medical/health problems, recurring illnesses, or chronic condition? (i.e. asthma) Yes No
If yes, please describe (use back of sheet if necessary):

Are you currently taking any perscription medication? Yes No If yes, please describe:

Date of last tetanus shot, if known: _____

Please describe any strenuous activities you should not get involved in, or any other information we should know regarding your health or abilities during the course of this activity. Please include other comments or suggestions:

MEDICAL INSURANCE (Note: Catalyst does not carry insurance to cover accidents/injuries of volunteers. If you are injured in any way while volunteering with Catalyst, you/your medical insurance are solely responsible for whatever medical costs necessary)

Medical Insurance Company: _____ Phone: _____

Medical Insurance Policy #: _____ Preferred Hospital in Case of Emergency: _____

LEGAL INFORMATION

(Please understand that although these questions are personal and sensitive, they are also necessary in order for Catalyst Partnerships to exercise the highest degree of care in recruiting volunteers. Negative past experiences do not automatically exclude a person from involvement.)

Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please describe:

Have you ever committed, been accused of committing, or been charged with any crime involving neglect, abuse, or sexual assault of any child or adult? Yes No If yes, please describe:

CERTIFICATION AND PERMISSIONS

I understand and acknowledge that my involvement in this endeavor with Catalyst Partnerships, its agents and contractors, and any partnering organizations, hereafter referred to as 'Catalyst,' is voluntary. By signing below, I certify that all information provided in this application is true and complete.

I also give Catalyst Partnerships, and any other partnering organization, permission to check my references, personal & criminal background, using the information I've provided in this application. I understand that the background check process, or any false or misleading information I have given, may disqualify me from involvement. I understand that the personal information contained in this form, or learned from background checks, etc., will be held confidential.

I also voluntarily submit myself to the supervision of Catalyst Partnerships staff, officers, agents, employees, volunteers, etc., for all activities which are part of this project.

I also give Catalyst Partnerships the irrevocable right and unrestricted permission to use and/or publish photos and/or video images of/including me, for purposes of art, display, advertising, editorial use, or any other lawful purpose, and waive any right I may have to inspect and approve the finished product of any piece that may use such.

I acknowledge that I have carefully read and understand this Volunteer Application Form, and the attached Voluntary Participation Waiver, and that I agree to all the terms and conditions contained therein.

Signature of Participant: _____ Date: _____

Signature of Parent/Guardian, if Participant is a minor: _____ Date: _____



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VOLUNTEER WAIVER

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RELEASE OF LIABILITY & MEDICAL TREATMENT AUTHORIZATION

Participant Name: _____ Date: _____

I understand and acknowledge that my involvement in this endeavor with Catalyst Partnerships, its agents and contractors, and any partnering organizations, hereafter referred to as 'Catalyst,' is voluntary.

I understand and acknowledge that Catalyst Activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities. I also realize that the Activities may be strenuous, and that I have the option to seek the advice of a physician before I/my child participate in these Activities. I understand and acknowledge that some of the injuries/illnesses which may result from participating in these Activities include, but are not limited to, the following: Sprains, fractured bones, unconsciousness, head and/or back injuries, paralysis, activity related injury/illness, loss of eyesight, communicable diseases, death. This list is not intended to be inclusive of all injuries that may occur, but rather to inform me of the types of risks inherent in my/my child's participation in Catalyst Activities, so that I can make a voluntary choice to participate or not participate.

I hereby acknowledge and understand that, unless specifically advised otherwise, Catalyst is not providing transportation, and it is my responsibility to arrange for my/my child's transportation to and from any Activity. If Catalyst does provide transportation but I do not use the transportation, I am responsible to make my own arrangements and Catalyst assumes no responsibility or liability of any kind. When providing my own transportation, I further acknowledge and agree that: 1) The driver of the vehicle in which I/my child am riding, either as driver or passenger, is not driving on behalf of, or as an agent of, Catalyst and Catalyst has not verified the driving record of the driver, the liability insurance on the vehicle, or the condition of the vehicle; 2) Catalyst is in no way responsible for, nor does Catalyst assume liability for, any injury or loss resulting from my transportation.

In the event of accident or illness to me/my child, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. In the event that my child requires such treatment, reasonable efforts will be made to contact me the parent/guardian of the minor; however, if I cannot be reached, I hereby consent to such treatment. Further, I agree that Catalyst and its personnel, agents, or volunteers, or any other person or entity associated with these Activities, are not personally responsible or liable for any claim arising from any consent given in good faith in connection with diagnosis or advised treatment.

I/my child understand(s) that Catalyst DOES NOT CARRY INSURANCE TO COVER ME/MY CHILD for any accidents/injuries to me/my child, or to any other volunteer. I understand that, in the event that I/my child am/is injured in any way, any personal medical and hospitalization insurance available to me/my family will provide sole coverage. I/my child voluntarily elect(s) to participate in Catalyst Activities. I agree to assume any and all liability and responsibility for any and all potential risks which may be associated with participation in such Activities or any activities incidental thereto. I hereby voluntarily exempt and relieve, on behalf of myself and my heirs, executors, administrators and assigns, Catalyst, its officers, agents, servants, employees, volunteers, or any other person or entity associated with these Activities, from any liability or responsibility for any property damage, personal injury, bodily injury, or wrongful death that I/my child might sustain which is incident to and/or associated with preparing for and/or while participating in any activity in any way connected with Catalyst Activities, including travel to and from Activity locations, whether same shall arise by the negligence of any of said persons, or otherwise.

I acknowledge that I have carefully read and understand this Voluntary Activities Participation Waiver, Release of Liability and Medical Treatment Authorization and that I agree to its terms and conditions.

Signature of Participant (or, if Participant is a minor, Parent/Guardian)

Date

Check Box if Participant is a minor

Name of Participant (or, if Participant is a minor, Parent/Guardian)

In the event of accident or illness please notify: Name: _____ Phone: _____



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RESTORATION PROJECT VOLUNTEER SKILLS ASSESSMENT FORM

Participant Name: _____ Date: _____

Thank you so much for volunteering to help serve people in need!
Please take a moment to let us know about any specific skills / experience / training that you have which may be beneficial in volunteering for home maintenance, repairs, or remodeling work:

Skills	Level of Experience (see guide below and circle one)					Professional Experience (check box if applicable)
Concrete / Foundation Work	1	2	3	4	5	<input type="checkbox"/>
Framing	1	2	3	4	5	<input type="checkbox"/>
Plumbing	1	2	3	4	5	<input type="checkbox"/>
Electrical	1	2	3	4	5	<input type="checkbox"/>
Exterior Siding	1	2	3	4	5	<input type="checkbox"/>
Drywall Hanging	1	2	3	4	5	<input type="checkbox"/>
Drywall Tape / Texture	1	2	3	4	5	<input type="checkbox"/>
Painting	1	2	3	4	5	<input type="checkbox"/>
Cabinetry	1	2	3	4	5	<input type="checkbox"/>
Roofing	1	2	3	4	5	<input type="checkbox"/>
Masonry	1	2	3	4	5	<input type="checkbox"/>
Flooring / Tile Setting	1	2	3	4	5	<input type="checkbox"/>
Decking	1	2	3	4	5	<input type="checkbox"/>
Landscape Irrigation/Maintenance	1	2	3	4	5	<input type="checkbox"/>
Hanging Interior Doors	1	2	3	4	5	<input type="checkbox"/>
Installing Exterior Doors/Windows	1	2	3	4	5	<input type="checkbox"/>
Insulation	1	2	3	4	5	<input type="checkbox"/>
Other (describe below)	1	2	3	4	5	<input type="checkbox"/>

Guide for "Level of Experience" Above:

- 1: Needs to be supervised full time; not comfortable doing work alone
- 2: Needs to have work prepared and demonstrated. Needs partial supervision
- 3: Verbal instruction with minimal supervision
- 4: Verbal instruction with no supervision
- 5: Verbal instruction and can supervise others

Note: Minors may not engage in hazardous activities (such as use of power tools), if under 12, or, if between 12 & 18, only under supervision of Catalyst leader or responsible adult.