

# ASIAN HEALTH & SERVICE CENTER



**Portland Office:**  
9035 SE Foster RD.  
Portland, OR 97266  
Phone: (503) 872-8822  
Fax: (503) 872-8825

**Downtown Office:**  
1226 SW 12th Ave  
Portland, OR 97205  
Phone: (503) 802-4401 X 13

**Beaverton Office:**  
3800 SE Cedar Hills Blvd., #196  
Beaverton, OR 97005  
Phone: (503) 641-4113  
Fax: (503) 872- 8825

## Volunteer Application

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Area: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sex:  Male  Female Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Mode of Transportation:  Car  Public Transportation  Bike  Walk

Language(s) You Speak:  English  Mandarin  Cantonese  Korean  Vietnamese  Other: \_\_\_\_\_

Language(s) You Read & Write:  English  Chinese  Korean  Vietnamese  Other: \_\_\_\_\_

Occupation: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Additional Experience/ Skills/ Training/ Interests: \_\_\_\_\_

## Volunteer Information

Please describe any physical or mental limitations or legal restrictions which might influence your volunteer responsibilities.

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Please describe your personal goals as a volunteer at AHSC. What would you like to accomplish / what kind of experience would you like to gain as a volunteer here?

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What is the projected duration of your volunteer commitment at AHSC?

From: \_\_\_\_\_/20\_\_ To: \_\_\_\_\_/20\_\_

## Availability

Available Time	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
Please write the time you would like to volunteer						

Total Hours per week : \_\_\_\_\_

## Activities and Tasks of Interest

	Interested	Experienced	Want to be trained
Art or special classes			
Cleaning and organization			
Data entry			
Decoration			
Filing paperwork			
Food Services			
Interpreting (legal and other issue)			
Interpreting (medical only)			
Letter reading			
Other office tasks			
Photography			
Presentation/ leading group activities			
Socializing with seniors			
Other:			

Have you visited our website (<http://www.ahsidx.org/>)?  Yes  Not yet

How did you learn about Asian Health & Service Center? \_\_\_\_\_

Why volunteer now? \_\_\_\_\_

Please list 3 references we may contact:

Name	Relationship	Phone	Email	Address

Emergency Contacts:

Name	Relationship	Phone

In filling out this application form, I understand that Asian Health & Service Center is not obligated to provide me with a volunteer opportunity.

My signature below certifies that all information on this application is correct and complete to the best of my knowledge. I hereby release any of my former employers, their agents, references, educational institutions, law enforcement agencies history, and I understand Asian Health & Service Center will not be held responsible for any loss of my application or other any damage whatsoever in responding this application.

My signature signifies that I agree to abide by the rules and regulations of Asian Health & Service Center, and I understand that my volunteer duty can be terminated with or without cause, at any time, at the discretion of Asian Health & Service Center or myself.

**Volunteer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(If volunteer is under 18 years old)