



Virginia Garcia Memorial
**HEALTH & CENTER
FOUNDATION**

PO Box 6149
Aloha, OR 97007
3305 NW Alolek Drive
Hillsboro, OR 97124
P (503) 352.8647
F (503) 359.8532
VirginiaGarcia.org

Volunteer Application

Thank you for your interest in volunteering. Volunteers perform a crucial role of helping to fulfill Virginia Garcia Memorial Health Center's mission of providing high-quality, culturally appropriate health care to low-income residents of Washington and Yamhill counties, including migrant and seasonal farm workers and their families.

Virginia Garcia Memorial Health Center is committed to providing equal opportunity to employees, volunteers, and applicants for employment and to a diverse and inclusive workforce. Applicants will receive consideration for service without regard to race, color, religion, sex (including pregnancy), age, sexual orientation, national origin, marital status, parental status, ancestry, disability, gender identity, veteran status, genetic information, other distinguishing characteristics of diversity and inclusion, or any other protected status.

All applicants must pass a background check. Qualified applicants with arrest and/or conviction records will be considered for service in a manner consistent with federal and state law. **To provide volunteer services you must be at least 15 years of age or older.** Individuals interested in volunteering or are required to complete and submit the application below prior to starting. Volunteer placement depends on available opportunities that match your skills and interests. Your application will be considered active upon Virginia Garcia receiving a completed application and, as required, additional documentation.

For more information, please contact Julie Titus at 503.352.8611 or jtitus2@vgmhc.org.

Please submit your application through one of the following methods:

Mail: Virginia Garcia Memorial Foundation
Attn: Julie Titus
PO Box 6149, Aloha, OR 97007

E-mail: jtitus2@vgmhc.org

Fax: 503-359-8532

General Information

First Name _____ Middle Name _____ Last Name _____

Preferred First Name _____ Email _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Preferred Phone _____

Are you over the age of 18 years (volunteers must be 15 years and older)? Yes No

Have you contacted anyone recently regarding volunteering within Virginia Garcia? Yes No

If yes, please explain _____

Why are you interested in volunteering with Virginia Garcia? _____

Please indicate your preferred site to volunteer _____

List all Volunteer opportunities you are interested in (volunteer Jobs & descriptions can be found at www.viriniagarcia.org)

Languages Known _____ Speak _____ Read _____ Write _____

Education

School/University _____ Focus of Study/Degree _____

Student Status: _____ Full time _____ Part time _____ Degree Completed _____

Other Professional Licenses _____

Availability (Check times you are available to volunteer)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

Any other information you would like us to know about your availability (specific time constraints, etc.)

General Release

In consideration of Virginia Garcia Memorial Health Center arranging a volunteer assignment for me, and with the intention of binding myself, my heirs, legal representatives, successors and assigns, I hereby expressly RELEASE AND FOREVER DISCHARGE Virginia Garcia Memorial Health Center, its officers, directors, employees, volunteers, agents, legal representatives, insurers, successors, and assigns from any and all claims, demands, damages, liabilities, and causes of action that I now have or may in the future have, whether known or unknown, of whatsoever nature, relating to or arising out of my selection as a volunteer by, or my service as a volunteer with, Virginia Garcia Memorial Health Center whether or not due to Virginia Garcia Memorial Health Center's negligence, strict liability, or any other breach or fault. This includes, but is expressly not limited to, death, bodily injury, personal injury, property damage, loss or theft of property, economic loss, or any other damage, loss, or cost. This document shall be construed according to the laws of the state of Oregon. If a dispute should arise with respect to the meaning of any of the terms of this document, the rule of construction that a document is construed against the party preparing such document shall specifically not be applicable to the interpretation of this document. This General Release represents the entire agreement of the parties hereto and supersedes any and all prior or contemporaneous oral or written understandings, statements, representations, or promises. All of the terms hereof are contractual and not mere recitals. I acknowledge that I have carefully read this General Release, know and understand the contents thereof, and that this document was freely and voluntarily executed. I acknowledge that I was given the opportunity to seek independent legal counsel on any and all matters herein before I signed this General Release.

_____ (Initial)

Signature Disclaimer

I hereby acknowledge I have read and understand the above statements. I certify all answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in termination of my volunteering with Virginia Garcia Memorial Health Center and Foundation.

Applicant Signature

Signed Date

Parent/Guardian (Required for applicants under age 18)

Signed Date