



CANBY GROVE

VOLUNTEER APPLICATION

Date _____

Name: (You) _____

DOB (optional) _____

Name: (Spouse) _____

DOB (optional) _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____ Alternate or Cell Phone (_____) _____

E-Mail _____ RV Length _____ feet

RV Type: () Motor Home () Fifth Wheel () Trailer Other _____

Dates available: From _____ To _____

JOBS (Work activities are varied and may include, but are not limited to, the following.) In each of the following areas that interest you, please rate your skill from 1 to 5 (1=want to learn, to 5=highly skilled).

A. GENERAL MAINTENANCE

Carpentry: You ____ Spouse ____
 Construction: You ____ Spouse ____
 Electrical: You ____ Spouse ____
 General Repair: You ____ Spouse ____
 Mechanic: You ____ Spouse ____
 Painting: You ____ Spouse ____
 Plumbing: You ____ Spouse ____

B. GROUNDS MAINTENANCE

Mowing: You ____ Spouse ____
 Planting: You ____ Spouse ____
 Raking: You ____ Spouse ____
 Swimming Pool: You ____ Spouse ____
 Trash Pick Up: You ____ Spouse ____
 Watering: You ____ Spouse ____

C. ACCOMMODATIONS

Room Cleaning: You ____ Spouse ____
 Décor Projects: You ____ Spouse ____
 Laundry: You ____ Spouse ____
 Basic Janitorial: You ____ Spouse ____
 Washing Windows: You ____ Spouse ____

D. FOOD SERVICE

Preparation: You ____ Spouse ____
 Serving Host: You ____ Spouse ____
 Table Bussing: You ____ Spouse ____
 Washing Dishes: You ____ Spouse ____
 Interior Painting: You ____ Spouse ____

E. GUEST SERVICES

Greet Incoming Guests: You ____ Spouse ____
 Security: You ____ Spouse ____
 Telephone: You ____ Spouse ____
 Parking Host: You ____ Spouse ____

F. SUMMER CAMPS

Crafts: You ____ Spouse ____
 Fishing: You ____ Spouse ____
 Games: You ____ Spouse ____
 Recreation: You ____ Spouse ____

G. BOOK STORE

Customer Service and cash register: You ____ Spouse ____
 Espresso Machine and making specialty coffee and soda drinks: You ____ Spouse ____

Indicate by the letters above, your first three job preferences:

1st choice: You ____ Spouse ____ 2nd choice: You ____ Spouse ____ 3rd choice: You ____ Spouse ____

Physical Limitations?

You _____

Spouse _____

Why would you like to come to Canby Grove Conference Center?

List special skills you have, and other volunteer positions served.

REFERENCES

I give Canby Grove the right to investigate all references. I hereby release from liability Canby Grove and its representatives for investigating information, and all other persons, corporations or organizations for furnishing such information. It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from Canby Grove's volunteer service. Signature _____

Please list two of each. Include complete address and home number.

Business:

1) _____

2) _____

Personal:

1) _____

2) _____

Please complete application on both sides and return to:

Volunteer Coordinator, Canby Grove Conference Center, P. O. Box 1264, Canby, OR 97013.

If you would consider sending us a photo of yourself along with your application, then we'll be able to identify you when you arrive, but also add you to our volunteer scrapbook! Thanks!