



**CLIENT SUPPORT TEAM
VOLUNTEER APPLICATION**

Compassion & Choices of Oregon
PO Box 6404, Portland, OR 97228
503.525.1956 info@compassionoforegon.org

Name _____ Date _____

Address _____

Home Phone _____ Cell Phone _____

E-Mail _____ How do you prefer to be contacted? _____

Days and times you are available to volunteer:

Mon. _____ Tues. _____ Weds. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

How did you hear about this volunteer position with Compassion & Choices of Oregon?

Please describe your relevant background, including personal, work, and volunteer experience. You are welcome to attach a resume as well.

Can you commit to regular attendance at either of our monthly volunteer meetings?

Portland: 2nd Thursdays, 5:30 PM to 7:30 PM

Eugene: 1st Fridays, 2:00 PM – 4:00 PM

Yes No

Yes No

List three references who can speak to your qualifications for this role:

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

Email: _____ Email: _____ Email: _____

Relationship to you: _____ Relationship to you: _____ Relationship to you: _____

Thank you for your interest in Compassion & Choices of Oregon! Please return this application to our office by mail or email.

If you have any questions, contact us at 503-525-1956.