



SCC Chamber Volunteer Application

Contact Information

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

| Committees (membership) | General Areas | Other Areas (please list) |
|---|---|---------------------------|
| <input type="checkbox"/> Finance | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> |
| <input type="checkbox"/> Forums/Education | <input type="checkbox"/> Events | <input type="checkbox"/> |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Visitor Center | <input type="checkbox"/> |
| <input type="checkbox"/> Ambassador | <input type="checkbox"/> Fundraising | <input type="checkbox"/> |
| <input type="checkbox"/> Legislative/Advocacy | <input type="checkbox"/> Answering Phones | <input type="checkbox"/> |
| | <input type="checkbox"/> Newsletter production | <input type="checkbox"/> |
| | <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

| | |
|------------------|--|
| Name | |
| Street Address | |
| City ST ZIP Code | |
| Home Phone | |
| Work Phone | |
| E-Mail Address | |

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

| | |
|----------------|--|
| Name (printed) | |
| Signature | |
| Date | |

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. To contact us, please call 503-397-0685. Please submit completed application to:

South Columbia County Chamber of Commerce
2194 Columbia Blvd.
St Helens, OR 97051