

ELDERS IN ACTION

Quality of life should never depend on age.

February 4, 2011

Jeff Cogen, Chair
c/o Commissioner Loretta Smith
Multnomah County
501 SE Hawthorne Blvd, Suite 600
Portland, OR 97214

Dear Chair Cogen:

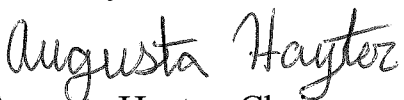
The Elders in Action Commission would like to forward these recommendations to you for appointments to terms on the Commission effective immediately.

<u>NAME</u>	<u>REPRESENTING</u>	<u>TERM ENDS</u>
Ann Collins	At-Large	July 2012
Terry Johnson	At-Large	July 2012
Ray Johnson	At-Large	March 2013
Kae Gaunt	Northeast	March 2013
Donna Childs	At-Large	March 2013
Ellen Klem	At-Large	February 2014

We feel these volunteers have unique backgrounds and interests and will contribute greatly to the work of the Elders in Action Commission. We have enclosed their volunteer applications for your review. These individuals join our current County appointed Elders in Action Commissioners: Lenore Bijan, Steve Weiss, Augusta Hayter, and Lorraine Griffey.

These talented individuals provide expertise and advice to help prepare Multnomah County to meet the needs of the growing elder population. The Elders in Action Commission is pleased to work in concert with all the Departments and offices of the County to ensure the quality of life never depends on age.

Sincerely,


Augusta Hayter, Chair
Elders in Action Commission

Mission: *To assure a vibrant community through the active involvement of older adults.*

1411 SW Morrison Street, Suite 290 · Portland, OR 97205-1912

Phone: (503) 235-5474 · Fax: (503) 595-7599 · info@eldersinaction.org · www.eldersinaction.org

RECEIVED

FEB 08 2011

ELDERS IN ACTION



OCT 26 2010

VOLUNTEER APPLICATION

The following application is used for informational purposes only. The information you provide is confidential and will not be shared with any other organization.

KLEM, ELLEN MARIE

BIOGRAPHICAL INFORMATION

First Name Ellen	Middle Initial M	Last Name Klem	
Home/Mailing Address 3113 NE Skidmore Street			
City Portland	State OR	Zip Code 97211	DOB 03/16/1979
Home Phone (503) 208-6746		Alternate Phone	
E-mail Address ellenklem@gmail.com			

EMERGENCY CONTACT INFORMATION

Contact Name Brian D. Klem	Relationship Husband	Phone (703) 965-5708
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AREAS OF VOLUNTEER INTEREST: Please select the areas of greatest interest to you.

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Personal Advocate | <input checked="" type="checkbox"/> Speakers Bureau | <input checked="" type="checkbox"/> Grant Research & Writing |
| <input checked="" type="checkbox"/> Commission Member | <input type="checkbox"/> Office Volunteer | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Elder Friendly® Business Evaluator | <input type="checkbox"/> Student Internship | <input type="checkbox"/> Special Events |

INTEREST: Why are you interested in volunteering at Elders in Action?

I have recently relocated to Portland, OR after spending the last five-and-a-half years advocating for justice for low-income older Americans in Washington, DC. As a staff attorney for the American Bar Association Commission on Law and Aging, I was responsible for research, policy development, technical assistance, advocacy, education, and training on a variety of topics, including Medicaid, guardianship, elder abuse, and voting.

I am currently working six-hours-a-week as special consultant to "Building a Volunteer Guardianship Assistance Program: A Win for Courts and Families," a project funded by the State Justice Institute and the Borchard Foundation.

I am searching for a volunteer position job in the Portland metropolitan area with an employer that shares my commitment to strengthening and securing the legal rights of vulnerable adults. I think Elders in Action is the perfect fit.

AVAILABILITY: Please select the day(s) and time(s) you are available to volunteer.

- | | | | | | | |
|--|--|---|--|--|-----------------------------------|---------------------------------|
| <input checked="" type="checkbox"/> Monday | <input checked="" type="checkbox"/> Tuesday | <input checked="" type="checkbox"/> Wednesday | <input checked="" type="checkbox"/> Thursday | <input checked="" type="checkbox"/> Friday | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday |
| <input checked="" type="checkbox"/> Mornings | <input checked="" type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings | | | | |
| <input type="checkbox"/> 2+ hours a month | <input type="checkbox"/> 4+ hours a month | <input type="checkbox"/> 6+ hours a month | <input checked="" type="checkbox"/> 8+ hours a month | | | |

VOLUNTEER EXPERIENCE

Do you have previous volunteer experience? ☒ Yes ☐ No See attached curriculum vitae.

SKILLS & EXPERIENCE: Please select the skills you are willing to share as a volunteer.

<input type="checkbox"/> Computer skills	<input type="checkbox"/> Typing	<input checked="" type="checkbox"/> Public speaking
<input type="checkbox"/> Filing	<input type="checkbox"/> Notary	<input type="checkbox"/> Drawing/Painting
<input type="checkbox"/> Reception/phone skills	<input checked="" type="checkbox"/> Technical writing	<input type="checkbox"/> Creative writing
<input type="checkbox"/> Write Foreign Language:		<input type="checkbox"/> Speak Foreign Language:

Other skills and/or experiences: See attached curriculum vitae.

EMPLOYMENT HISTORY: Please select the option(s) that applies to your present situation.

- ☐ Retired (Please describe field of work):
- ☐ Student (Please name College/University):
- ☒ Employed (Please name current employer): American Bar Association Commission on Law and Aging (ABA COLA)
- ☐ Not Working ☐ Seeking Work

PERSONAL REFERENCES: Please name two references not related to you.

- | | |
|---|--|
| 1. Name Dede Shelton | Relationship Ms. Shelton is a member of an advisory committee on a project I work on as a consultant for the ABA COLA. |
| Phone Number or Email dedeshelton@gmail.com | |
| 2. Name Lori A. Stiegel | Relationship Ms. Stiegel and I worked closely together at the ABA COLA. |
| Phone Number or Email lstiegel@staff.abanet.org | |

CRIMINAL HISTORY

Have you ever been arrested or convicted of a crime? ☐ Yes ☒ No

If "Yes", please explain. An affirmative response will not automatically disqualify you from being considered.

CONSENT FOR PUBLICITY

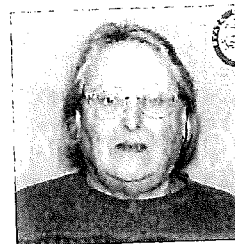
In order to help fulfill our mission, *ELDERS IN ACTION* requests your permission for the absolute right to use, publish and/or copyright photographs and/or videos of you or your likeness as well as be granted the absolute right to write about you and/or your volunteer work for use in agency publications, websites and for other *ELDERS IN ACTION* promotional purposes. Please select the box that corresponds with your wishes and please type your full name in the grey field.

☒ I, Ellen M. Klem, hereby grant my permission to *ELDERS IN ACTION* to use photographs and/or videos of myself or my likeness and/or write about me and/or my volunteer work with the agency for promotional purposes.

☐ I, , DO NOT grant permission to *ELDERS IN ACTION* to use photographs and/or videos of myself or my likeness and/or write about me and/or my volunteer work with the agency for promotional purposes.

JUL 14 2010

ELDERS IN ACTION



GAUNT, KAREN ANN

on.org

1411 SW Morrison Street, Suite 290 · Portland, OR 972
· Phone: (503) 235-5474 · Fax: (503) 595-7599 · info@elderinaction.org

VOLUNTEER APPLICATION

Thank you for your interest in volunteering at Elders in Action! The following application is used for informational purposes. The information you provide is confidential and will not be shared with any other organizations.

BIOGRAPHICAL INFORMATION			
First Name <i>Karen (Kae)</i>	Middle Initial <i>A.</i>	Last Name <i>Gaunt</i>	Birth Date <i>12-29-44</i>
Home/Mailing Address <i>3411 N.E. 57th ave</i>			
City <i>Portland</i>	State <i>OR</i>	Zip Code <i>97213-3351</i>	County <i>Multnomah</i>
Home Phone <i>503-805-6033</i>		Alternate Phone	
E-mail Address <i>Kae.gaunt@yahoo.com</i>			

EMERGENCY CONTACT INFORMATION	
Contact Name <i>Sandy Harvey</i>	Relationship <i>Sister</i>
Day Phone <i>cell 503-704-8721</i> <i>work 503-640-5950</i>	Evening Phone <i>home 503-649-4117</i>

Have you ever been arrested or convicted of a crime? ☐ Yes ☒ No
If "Yes", please explain. An affirmative response will not automatically disqualify you from being considered. _____

AREAS OF VOLUNTEER INTEREST	
Please select up to three areas in which you would be interested in volunteering.	
<input type="checkbox"/> Personal Advocate Program	<input type="checkbox"/> Speakers Bureau Program
<input type="checkbox"/> Special Events	<input type="checkbox"/> Elder Friendly® Business Evaluator
<input type="checkbox"/> Grant Writing/Grant Research	<input checked="" type="checkbox"/> Commission Member
<input type="checkbox"/> Public Relations/ Marketing	<input type="checkbox"/> Office Volunteer
<input type="checkbox"/> Newsletter: Editing, Formatting, Layout	<input type="checkbox"/> Student Intern

VOLUNTEER EXPERIENCE

Do you have previous volunteer experience? ☒ Yes ☐ No

Please name two volunteer/civic activities with which you have an affiliation.

Organization	Position	Date From	Date To
Hollywood Senior Center	receptionist, clerk	2004	2010

Please explain your interest in volunteering with Elders in Action:

AVAILABILITY

Please select the day(s) and time(s) you are available to volunteer:

☒ Monday ☒ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday ☒ Saturday ☐ Sunday

☒ Mornings ☒ Afternoons ☐ Evenings

☐ 2+ hours a month ☐ 4+ hours a month ☐ 6+ hours a month ☐ 8+ hours a month

Please select the skills and experiences you possess and are willing to utilize in volunteering.

Office and Technical Skills	Creative Skills	Other Skills
<input type="checkbox"/> Computer Knowledge	<input type="checkbox"/> Storytelling/Public Speaking	<input type="checkbox"/> Notary
<input type="checkbox"/> Filing	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Speak Foreign Language
<input checked="" type="checkbox"/> Reception Skills	<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Write Foreign Language
<input checked="" type="checkbox"/> Telephone	<input type="checkbox"/> Creative Writing	
<input type="checkbox"/> Typing		

List other skills and/or experiences: _____

EMPLOYMENT HISTORY

Please select the option that applies to your present employment situation.

☒ Retired (Please describe field of work): garden center cashier, sales, plant maintenance

☐ Student (Please name College/University): _____

☐ Employed (Please name current employer): _____

☐ Not Working

☐ Seeking Work

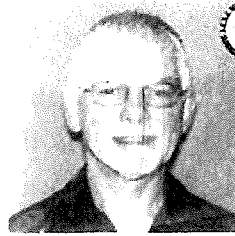
PERSONAL REFERENCES

Name	Relationship	Phone Number
Linda Clawson	friend	503-819-3460
Amber Kera-Johnson	HSC Director	503-288-8303

JUL 14 2010

ELDERS IN ACTION

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dersinaction.org ·

VOLUNTEER APPLICATION

JOHNSON, RAY EUGENE

Thank you for your interest in volunteering at Elders in Action! The following application is used for informational purposes. The information you provide is confidential and will not be shared with any other organizations.

BIOGRAPHICAL INFORMATION

First Name RAY	Middle Initial E	Last Name JOHNSON	Birth Date 6-21-1943
Home/Mailing Address 3731 SW TOWER WAY			
City PORTLAND	State OR	Zip Code 97221	County MULTNOMAH
Home Phone 503-246-2073		Alternate Phone Cell: 503-887-0467	
E-mail Address rayugene@att.net			

EMERGENCY CONTACT INFORMATION

Contact Name Gary Sheldon	Relationship Friend
Day Phone 503-293-4972	Evening Phone Same

Have you ever been arrested or convicted of a crime? ☐ Yes ☒ No
 If "Yes", please explain. An affirmative response will not automatically disqualify you from being considered. _____

AREAS OF VOLUNTEER INTEREST

Please select up to three areas in which you would be interested in volunteering.

- | | |
|---|---|
| <input type="checkbox"/> Personal Advocate Program | <input type="checkbox"/> Speakers Bureau Program |
| <input checked="" type="checkbox"/> Special Events | <input type="checkbox"/> Elder Friendly® Business Evaluator |
| <input type="checkbox"/> Grant Writing/Grant Research | <input checked="" type="checkbox"/> Commission Member |
| <input checked="" type="checkbox"/> Public Relations/ Marketing | <input type="checkbox"/> Office Volunteer |
| <input checked="" type="checkbox"/> Newsletter: Editing, Formatting, Layout | <input type="checkbox"/> Student Intern |

VOLUNTEER EXPERIENCE

Do you have previous volunteer experience? ☒ Yes ☐ No

Please name two volunteer/civic activities with which you have an affiliation.

Organization	Position	Date From	Date To
OEA-Retired	Board, Editor	11/1998	Present
Oregon Safe Schools and Communities Coalition	Board, Treasurer	2002	"

Please explain your interest in volunteering with Elders in Action:

Broaden my focus from school-related issues.

AVAILABILITY

Please select the day(s) and time(s) you are available to volunteer:

- ☒ Monday ☒ Tuesday ☒ Wednesday ☐ Thursday ☐ Friday ☒ Saturday ☒ Sunday
☒ Mornings ☒ Afternoons ☒ Evenings
☐ 2+ hours a month ☒ 4+ hours a month ☐ 6+ hours a month ☐ 8+ hours a month

Please select the skills and experiences you possess and are willing to utilize in volunteering.

Office and Technical Skills	Creative Skills	Other Skills
<input checked="" type="checkbox"/> Computer Knowledge	<input type="checkbox"/> Storytelling/Public Speaking	<input type="checkbox"/> Notary
<input checked="" type="checkbox"/> Filing	<input checked="" type="checkbox"/> Public Speaking	<input type="checkbox"/> Speak Foreign Language
<input checked="" type="checkbox"/> Reception Skills	<input type="checkbox"/> Drawing/Painting	<input type="checkbox"/> Write Foreign Language
<input checked="" type="checkbox"/> Telephone	<input type="checkbox"/> Creative Writing	
<input checked="" type="checkbox"/> Typing		

List other skills and/or experiences: Organizing

EMPLOYMENT HISTORY

Please select the option that applies to your present employment situation.

- ☒ Retired (Please describe field of work): Public school teacher - mathematics
☐ Student (Please name College/University): _____
☐ Employed (Please name current employer): _____
☐ Not Working
☐ Seeking Work

PERSONAL REFERENCES

Name	Relationship	Phone Number
Phil Valett	Friend	503-231-2540
Sam Eloise Gibson	Friend	503-635-5026

2/24/09

ELDERS IN ACTION

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 www.eldersinaction.org

VOLUNTEER APPLICATION

The following application is used for informational purposes about individuals interested in volunteering at Elders in Action. The information you provide is confidential and will not be shared with any other organizations.

PERSONAL INFORMATION				
First Name ANN	Middle Initial L.	Last Name COLLINS	Today's Date 2/23/09	Birth Date 7/19/45
Current Street Address 2335 NW RALEIGH ST. APT. 307			Home Phone (503) 222-0764	
City PORTLAND	State OREGON	Zip Code 97210	Alternate Phone (cell) (503) 867-7043	
E-mail Address (none)			Would you like to receive our newsletter? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Please check (✓) the box next to the manner in which you heard about volunteer opportunities with Elders in Action? <input type="checkbox"/> Newspaper <input type="checkbox"/> Television program				
<input type="checkbox"/> Word-of-mouth <input type="checkbox"/> Elder Friendly® Certified Business <input type="checkbox"/> Elders in Action Website				
<input checked="" type="checkbox"/> Elders in Action Volunteer <input type="checkbox"/> Other (please explain):				

EMERGENCY CONTACT INFORMATION	
Contact Name DR. EILEEN KANE	Relationship FRIEND
Day Phone 503) 640 - 3768	Evening Phone () -

VOLUNTEER AND CIVIC ACTIVITIES			
Have you had any volunteer experience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Please name two volunteer/civic activities with which you have an affiliation.			
Organization	Position	Date From	Date To
OASIS	PROGRAM MONITOR	2008	present
BOSTON SCIENCE MUSEUM	DOCENT		

VOLUNTEER AND CIVIC ACTIVITIES CONTINUED
Please briefly state why you would like to volunteer with Elders in Action: AS A BABYBOOMER, I WOULD LIKE TO ADVOCATE SERVICES FOR ELDERS. IN THE NEXT FIVE YEARS, THE BABYBOOMER GENERATION WILL BE RETIRED, EMPTY-NESTERS WHO MAY BE SEEKING A MORE URBAN LIFE. TWO YEARS AGO, I MOVED FROM BOSTON TO ELDER-FRIENDLY PORTLAND. I BELIEVE IN PORTLAND'S POSSIBILITIES AS A MODEL ELDER-FRIENDLY CITY.

EMPLOYMENT HISTORY

Please check (✓) any boxes that apply to your present employment situation.

- ☒ Retired (Describe field of work): TEXTBOOK EDITOR
- ☐ Student (Please enter name of College or University) _____
- ☐ Employed: I work _____ hours per week ☐ Not Working ☐ Seeking Work
- ☐ Professional License? Type: _____ State: _____ Exp. Date: _____
- ☐ Special Bonding? Type: _____

Please list most recent employer first.

	Organization	Position	Date From	Date To
1.	PRENTICE HALL	EDITORIAL SUPV.	2000	2001
2.	HOUGHTON MIFFLIN	SUPV. EDITOR	1995	2000

REFERENCES

Please list two (2) personal references, aside from family members, you have known for at least one (1) year.

	Name	Relationship	Phone Number
1.	EILEEN KANE	FRIEND	(503) 640-3768
2.	KEN CALVIN	FRIEND	(971) 340-0564

LICENSE

Driver's License Number and Issuing State? OREGON #2127001

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering at Elders in Action and that the information provided is true and correct to the best of my knowledge. I understand that omission or misstatement of material fact on this application used to secure my position as a volunteer shall be grounds for rejection of this application.

I also understand that because Elders in Action serves a vulnerable population of Older Adults, an Oregon state criminal background check will be conducted to assure quality of services that are safe and secure to the populations served by Elders in Action.

Signature: Ann L. Collins Date: Feb. 23, 2009

Please read the following Diversity Policy, sign it, and return with application to:

Elders in Action

1411 SW Morrison Street, Suite 290 • Portland, OR • 97205-1912

Thank you for your interest in Elders in Action!

ELDERS IN ACTION

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 www.eldersinaction.org

VOLUNTEER APPLICATION

The following application is used for informational purposes about individuals interested in volunteering at Elders in Action. The information you provide is confidential and will not be shared with any other organizations.

PERSONAL INFORMATION				
First Name Terry	Middle Initial C.	Last Name Johnson	Today's Date	Birth Date
Current Street Address 5930 SE 19th Avenue			Home Phone (503) 238-1579	
City Portland	State OR	Zip Code 97202	Alternate Phone (503) 706-9773	
E-mail Address Poeticats@juno.com			Would you like to receive our newsletter? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Please check (✓) the box next to the manner in which you heard about volunteer opportunities with Elders in Action? <input type="checkbox"/> Newspaper <input type="checkbox"/> Television program				
<input checked="" type="checkbox"/> Word-of-mouth <input type="checkbox"/> Elder Friendly® Certified Business <input type="checkbox"/> Elders in Action Website <input type="checkbox"/> Elders in Action Volunteer <input type="checkbox"/> Other (please explain): _____				

EMERGENCY CONTACT INFORMATION

Contact Name Dottie Johnson	Relationship Wife
Day Phone (503) 238-1579	Evening Phone (503) 238-1579

VOLUNTEER AND CIVIC ACTIVITIES

Have you had any volunteer experience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Please name two volunteer/civic activities with which you have an affiliation.			
Organization	Position	Date From	Date To
1. St Vincent & Paul	Social Worker / Food	09/08	date
2. Leaven-fisher	Kitchen help	06/06	07/07

VOLUNTEER AND CIVIC ACTIVITIES CONTINUED

NAME

Please briefly state why you would like to volunteer with Elders in Action:

I've worked with the seniors for years - mostly for nursing / convalescent homes as an activity director & social worker. My experience at NAME (not all name for mental ill) has also involved many seniors - many of them suffering from the mental illness depression.

But EA is where I'd like to be.

Special Skills

Please list any special skills you possess or languages in which you are fluent?

Teaching, Sales, Counseling, Writing reports

Availability

Please check (✓) the box next to the day and time you would be available to volunteer:

☐ Monday ☒ Tuesday ☐ Wednesday ☒ Thursday ☐ Friday ☐ Saturday ☐ Sunday

☐ Mornings ☒ Afternoons ☒ Evenings

☐ 2+ hours a month ☐ 4+ hours a month ☐ 6+ hours a month ☒ 8+hours a month

When are you available to start as a volunteer? 02/09

AREAS OF VOLUNTEER INTEREST

There are many ways to be involved as a volunteer with Elders in Action. Please check (✓) up to 3 boxes in the areas that are of interest to you. *If interested in Development and Administration, Elders in Action does not require you to fill out pages 3 and 4 but we do ask that you provide references, sign the application, Diversity Policy and respond to Publicity Consent Form.*

PERSONAL ADVOCATE

☐ Personal Advocate

6 hours of training, 4 continuing education classes a year, 8 to 10 hours of service a month for at least 1 year.

DEVELOPMENT & ADMINISTRATION

☐ Fundraising

☐ Special Events

☐ Grant Writing/Grant Research

☐ Special Events

☐ Public Relations

☐ Marketing

☐ Newsletter: Editing, Formatting, LayOut:

(What programs are you familiar with)

☐ Office Volunteer

☐ Phones

☐ Other

COMMUNITY OUTREACH

☒ Community Educator *6 hours of training, periodic continuing education classes, 4 to 6 hours of service a month for at least 1 year.*

☐ Tri-Met Ride-Wise Volunteer *12 hours of training, service is for at least one year.*

☒ Elder Friendly® Evaluator

3 hours of training, 2 to 4 hours of service a month as a business site evaluato.. Must be 60 years of age or older.

LEADERSHIP/ADVOCACY

☒ Commission Member

6 to 8 hours of service a month for 3 years. Must be Multnomah County resident.

☐ COMMUNITY SAFETY ADVOCATE

6 hours of training and a requested commitment of 6 months.

EMPLOYMENT HISTORY

Please check (✓) any boxes that apply to your present employment situation.

☒ Retired (Describe field of work): Real Estate Sales / Writing

☐ Student (Please enter name of College or University) _____

☒ Employed: I work _____ hours per week ☐ Not Working ☒ Seeking Work

☐ Professional License? Type: _____ State: _____ Exp. Date: _____

☐ Special Bonding? Type: _____

Please list most recent employer first.

	Organization	Position	Date From	Date To
1.	<u>Mike E. Clark Realty</u>	<u>Sales</u>	<u>1996-1998</u>	
2.	<u>Porter Community</u>	<u>Teaching Real Estate</u>	<u>1985-1996</u>	

REFERENCES

Please list two (2) personal references, aside from family members, you have known for at least one (1) year.

	Name	Relationship	Phone Number
1.	<u>Olivia Smith Nettleton</u>	<u>friend</u>	<u>(503) 238-4340</u>
2.	<u>Bill Moore</u>	<u>✓</u>	<u>(1-503) 438-5353</u>

LICENSE

Driver's License Number and Issuing State? 1275016 (OR) (I do not drive - dumb + stroke)

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering at Elders in Action and that the information provided is true and correct to the best of my knowledge. I understand that omission or misstatement of material fact on this application used to secure my position as a volunteer shall be grounds for rejection of this application.

I also understand that because Elders in Action serves a vulnerable population of Older Adults, an Oregon state criminal background check will be conducted to assure quality of services that are safe and secure to the populations served by Elders in Action.

Signature: Jerry C. Johnson Date: 01/07/09

Please read the following Diversity Policy, sign it, and return with application to:
Elders in Action

1411 SW Morrison Street, Suite 290 • Portland, OR • 97205-1912

Thank you for your interest in Elders in Action!

ELDERS IN ACTION

DIVERSITY POLICY

Elders in Action believes in the dignity and worth of all human beings. *Elders in Action* supports and encourages diversity. Discrimination on the basis of socioeconomic status, religion, ethnicity, race, national origin, disability, age, gender, or sexual orientation will not be tolerated.

PLEDGE OF JUSTICE AND DIVERSITY

I, the undersigned, hereby pledge my commitment to justice and acceptance of diversity in my work with *Elders in Action*. I promise to support and promote this objective in the following ways:

- I affirm that all human beings deserve respect. I shall treat everyone with dignity, fairness and equality.
- I shall avoid and actively discourage all jokes and comments where the purpose or effect is to ridicule or belittle any person or group.
- I respect the right of each individual to have his/her own beliefs, practices, or lifestyle. I shall refrain from imposing my beliefs, practices, and way of life on others.
- I shall work with other individuals and organizations to create a climate that is conducive for celebration of diversity, respect for all people, and harmony among groups.

Printed Name: Terry Johnson

Signature: Terry Johnson

Date: 1/7/9

ELDERS IN ACTION

AUG 11 2009

1411 SW Morrison Street, Suite 290 · Portland, OR 97205-1912
 · Phone: (503) 235-5474 · Fax: (503) 595-7599 · info@eldersinaction.org ·
 · www.eldersinaction.org ·

VOLUNTEER APPLICATION

The following application is used for informational purposes about individuals interested in volunteering at Elders in Action. The information you provide is confidential and will not be shared with any other organizations.

PERSONAL INFORMATION				
First Name DONNA	Middle Initial L.	Last Name CHILDS	Today's Date 8/9/09	Birth Date 7/7/44
Street Address 0228 SW Lane St			Home Phone (503) 286 - 6544	
City Portland	State OR	Zip Code 97239	County Mult.	Alternate Phone (413) 218 - 3600
E-mail Address dichilds@easystreet.net			Would you like to receive our newsletter? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Please check (✓) the box next to the manner in which you heard about volunteer opportunities with Elders in Action? <input type="checkbox"/> Newspaper <input type="checkbox"/> Television program				
<input checked="" type="checkbox"/> Word-of-mouth <input type="checkbox"/> Elder Friendly® Certified Business <input type="checkbox"/> Elders in Action Website				
<input checked="" type="checkbox"/> Elders in Action Volunteer <input type="checkbox"/> Other (please explain): _____				
EMERGENCY CONTACT INFORMATION				
Contact Name Rebecca Childs		Relationship step-daughter		
Day Phone (503) 478 - 6862		Evening Phone (503) 280 - 1197		
VOLUNTEER & CIVIC ACTIVITIES				
Have you any volunteer experience? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Please name two volunteer/civic activities with which you have an affiliation.				
	Organization	Position	Date From	Date To
1.	OASIS Educ. Center	several	2/07	now
2.	Title Wave Used Bks (Library)	"	1/07	"
Please briefly state why you would like to volunteer with Elders in Action: to be helpful, useful				

SPECIAL SKILLS

Please list any special skills you possess or languages in which you are fluent?

good verbally, writer

analyzing situations

AVAILABILITY

Please check (✓) the box next to the day and time you would be available to volunteer:

☐ Monday ☒ Tuesday ☒ Wednesday ☒ Thursday ☒ Friday ☒ Saturday ☐ Sunday

☒ Mornings ☒ Afternoons ☐ Evenings

☐ 2+ hours a month ☐ 4+ hours a month ☐ 6+ hours a month ☒ 8+hours a month

When are you available to start as a volunteer? now

AREAS OF VOLUNTEER INTEREST

There are many ways to be involved as a volunteer with Elders in Action. Please check (✓) up to 3 boxes in the areas that are of interest to you. *If you are interested in Development and Administration, Elders in Action does not require you to fill out pages 3 and 4; but we do ask that you provide references, sign the application, Diversity Policy and respond to Publicity Consent Form.*

PERSONAL ADVOCATE

☒ Personal Advocate

6 hours of training, 4 continuing education classes a year, 8 to 10 hours of service a month for at least 1 year.

DEVELOPMENT & ADMINISTRATION

☐ Fundraising

☐ Special Events

☐ Grant Writing/Grant Research

☐ Special Events

☐ Public Relations

☐ Marketing

☒ Newsletter: Editing, Formatting, Layout:

What programs are you familiar with?

PageMaker, Publisher, Word

☐ Office Volunteer

☐ Phones

☐ Other

STUDENT INTERNSHIP

☐ Intern

Name of College/University: _____

Major: _____

Name & phone number of Internship contact: _____

COMMUNITY OUTREACH

☐ Speakers Bureau

6 hours of training, periodic continuing education classes, 4 to 6 hours of service a month for at least 1 year.

☐ Elder Friendly® Business Evaluator

3 hours of training, 2 to 4 hours of service a month as a business site evaluator/ 2 to 5 website evaluations a year as website evaluator. Must be 60 years of age or older.

LEADERSHIP/ADVOCACY

☐ Commission Member

6 to 8 hours of service a month for 3 years. Must be Multnomah County resident.

EMPLOYMENT HISTORY

Please check (✓) any boxes that apply to your present employment situation.

- ☒ Retired (Please describe field of work): Educator
- ☐ Student (Please name College/University): _____
- ☐ Employed: I work _____ hours per week ☒ Not Working ☐ Seeking Work
- ☐ Professional License? Type: _____ State: _____ Exp. Date: _____
- ☐ Special Bonding? Type: _____

Please list most recent employer first.

	Employer	Position	Date From	Date To
1.	MacDuffie School	College Counselor	7/90 - 6/06	6/06
2.	Mt Holyoke College	Grant writer	10/88	6/90

REFERENCES

Please list two (2) personal references, aside from family members, you have known for at least one (1) year.

	Name	Relationship	Phone Number
1.	Florence Hochman	friend	(503) 244 - 7131
2.	Susan Emmonds	^{NWPP} daughter's boss friend	(503) 478 - 6867

I hereby certify that I have not knowingly withheld any information that might adversely affect my ability for volunteering at Elders in Action and that the information provided is true and correct to the best of my knowledge. I understand that omission or misstatement of material fact on this application used to secure my position as a volunteer shall be grounds for rejection of this application.

I also understand that because Elders in Action serves a vulnerable population of older adults, a government issued Photo ID must be provided so that an Oregon state criminal background check can be conducted.

Signature:  Date: 8/9/09

Please read and sign the following Diversity Policy, and return with application and publicity consent form to:

Elders in Action

1411 SW Morrison Street, Suite 290 • Portland, OR • 97205-1912

Thank you for your interest in Elders in Action!

* Also OASIS - Jane Griffen, Program Director, 503-241-3059
Title wave - Rod Richards, Manager, 503-988-5459



ELDERS IN ACTION

DIVERSITY POLICY

Elders in Action believes in the dignity and worth of all human beings. *Elders in Action* supports and encourages diversity. Discrimination on the basis of socioeconomic status, religion, ethnicity, race, national origin, disability, age, gender, or sexual orientation will not be tolerated.

PLEDGE OF JUSTICE AND DIVERSITY

I, the undersigned, hereby pledge my commitment to justice and acceptance of diversity in my work with *Elders in Action*. I promise to support and promote this objective in the following ways:

- I affirm that all human beings deserve respect. I shall treat everyone with dignity, fairness and equality.
- I shall avoid and actively discourage all jokes and comments where the purpose or effect is to ridicule or belittle any person or group.
- I respect the right of each individual to have his/her own beliefs, practices, or lifestyle. I shall refrain from imposing my beliefs, practices, and way of life on others.
- I shall work with other individuals and organizations to create a climate that is conducive for celebration of diversity, respect for all people, and harmony among groups.

Printed Name: _____

Signature: _____ Date: _____