



ECHO Volunteer Interest Form

Thank you for your interest in volunteering with ECHO. Your gift of time and enthusiasm is how we are able to fulfill our mission, vision, and goals. We invite you to start making a difference by completing the form below.

Please complete the form in full, and let us know if you have any question by contacting 503-618-0946 or volunteer@echohistory.org.

Date: _____ Birth Date: (##/##/####) _____

Full Name: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone - Home: _____ Cell: _____ Work: _____

E-Mail: _____

Employer/School: _____ Occupation: _____

What positions are you interested in? *(Check all that apply)*

- Tour Docent
- House Host
- Gardener's Club
- Archival and Research
- Event Support
- Grounds and Building Maintenance
- Community Awareness Advocate
- Board Member
- Professional Services *(Marketing, Development, Office Support, etc.)*

When are you available to volunteer? *(Mark Yes to all that apply, and include times, if needed.)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Night							

As needed Weekly Monthly Seasonally Short-term, specific dates: _____

Other scheduling accommodations: _____



**EAST COUNTY
HISTORICAL ORGANIZATION**

PO Box 946, Fairview, OR 97204 | 503-618-0946
volunteer@echohistory.org | www.echohistory.org

Please list your skills and talents: (Including computer skills) _____

Why do you want to volunteer with ECHO? _____

Will you be receiving community service credit for this experience? Yes No

If yes, name of agency: _____ Hours needed? _____

Emergency Contact Name: _____

Best Phone Number? _____ Relationship? _____

How did you hear about our volunteer program? _____

Please list other volunteer programs you have participated in: _____

Upon joining ECHO's team, we mainly communicate with our volunteers via email, then phone calls and texts when necessary. Volunteers will receive exciting news and announcements tailored just for you.

Do you agree? Yes No If not, what is the best way to contact you? _____

Would you also like to join ECHO's full mailing list to receive e-newsletters and other updates, event information, special offers, and more? Yes No

By my signature below, I verify that the above information I have provided is true and complete.

Signature: _____

Printed Name: _____

If you are under the age of eighteen, please provide a signature of a parent or guardian to indicate their acknowledgement of this form.

Parent/Guardian Signature: _____

Printed Name: _____