



EAST COUNTY HISTORICAL ORGANIZATION (ECHO)  
P.O. Box 946 - Fairview, Oregon 97024  
503.618.0946 - [www.echohistory.org](http://www.echohistory.org)

### ECHO Volunteer Interest Form

Thank you for your interest in volunteering with ECHO. Without your support and time, we would not be able to fulfill our mission. Therefore, please know that your hard work, commitment, and enthusiasm are greatly appreciated.

**Please complete the form in full below.** Let us know if you have any question by contacting 503-618-0946 or [volunteer@echohistory.org](mailto: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)*

- |  |  |
|--|--|
| <input type="checkbox"/> Tour Docent           | <input type="checkbox"/> Grounds and Building Maintenance  |
| <input type="checkbox"/> House Host            | <input type="checkbox"/> Community Awareness Advocate  |
| <input type="checkbox"/> Gardener's Club       | <input type="checkbox"/> Board Member  |
| <input type="checkbox"/> Archival and Research | <input type="checkbox"/> Professional Services <i>(Marketing, Development, Office Support, etc.)</i> |
| <input type="checkbox"/> Event Support         |  |

When are you available to volunteer? *(Check all that apply)*

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Night							

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

Other scheduling accommodations: \_\_\_\_\_

What are your personal interests/talents: \_\_\_\_\_  
\_\_\_\_\_

Please list your skills: (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: \_\_\_\_\_