

# Volunteer & Intern Position Description

*Instructions: The Supervisor is responsible for completing this form and providing an electronic copy to the Volunteer Coordinator, who will then meet with the Volunteer/Intern, complete required forms, and coordinate the background check process. For more information, contact the PHD Volunteer Coordinator, Tracy Candela at 971-673-0561.*

## I. VOLUNTEER/INTERN INFORMATION

Name: \_\_\_\_\_ School: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Desired start date: \_\_\_\_\_ (**Background check must be approved before the volunteer/intern may start.**)

Has the Volunteer been outside the state of Oregon for 60 or more consecutive days in the past 5 years? ☐ Yes ☐ No ☐ Unknown

## II. POSITION INFORMATION

Position Title: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

Supervisor E-mail: \_\_\_\_\_

Other staff to CC: \_\_\_\_\_

Center Exec. Assistant: \_\_\_\_\_

Center for: ☐ Health Protection  
☐ Prevention & Health Promotion  
☐ Public Health Practice  
☐ Office of the State Public Health Director

Program and Section: \_\_\_\_\_

Location: ☐ Portland State Office Building ☐ Other: \_\_\_\_\_

### III. DESCRIPTION OF DUTIES

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Provide an overview of the purpose of this volunteer position. Include any projects, goals, etc.:

Provide detail on the primary duties of the volunteer position:

List any other duties that may be assigned to the volunteer:

### IV. POSITION REQUIREMENTS

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Position requires direct contact with (check all that apply):

- ☐ Children   ☐ Adults   ☐ Seniors (65 yrs and older)  
☐ Confidential Information   ☐ Secure Facilities   ☐ Financial Records  
☐ Information Technology Systems (Check this box if the individual will be given a login or have access to network)  
☐ **NONE OF THESE APPLY**

Position may provide direct service and/or care to DHS/OHA clients or members of the public: ☐ Yes   ☐ No

Do the duties require driving to conduct state business: ☐ Yes   ☐ No

## V. COMMITMENT

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Approximate start date: \_\_\_\_\_ Approximate end date: \_\_\_\_\_

The Volunteer/Unpaid Intern will work (choose one):

- ☐ \_\_\_\_\_ hours per week
- ☐ \_\_\_\_\_ hours total between the start and end dates
- ☐ From [starting time] \_\_\_\_\_ to [ending time] \_\_\_\_\_ on [days of the week] \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

## VI. QUALIFICATIONS

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Provide a list of the qualifications necessary for the volunteer position (knowledge, skills, abilities, training, education, etc):

## VII. SIGNATURES

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The Volunteer Coordinator and volunteer will sign the position description then the signed position description will be provided to the Supervisor for the Supervisor's review with the volunteer, signature and file.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date