



We Care
125 NW Tenth St. Corvallis, OR 97330
Non-profit 501(c)(3) agency
IRS ID 93-0822417

Application for We Care Intake Coordinator

Applicant Information

First Name: _____ Last Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____ Email: _____

Employment History

Employer: _____ Dates of Employment: _____

Position(s) Held: _____

Supervisor and contact information: _____

Employer: _____ Dates of Employment: _____

Position(s) Held: _____

Supervisor and contact information: _____

How did you hear about this job:

Indeed Idealist Word of Mouth Other _____

Submit this completed application form, a cover letter, and your resume to:
kate@wecarecorvallis.org

Please address all required qualifications, and preferred qualifications where applicable.