Marion County RSVP
270 Montgomery Street
Woodburn, Oregon 97071

Sponsored by the City of Woodburn

PLEASE PRINT AND COMPLETE ALL SECTIONS (*REQUIRED)

All information obtained from this form is kept strictly confidential and not shared in any way.

Personal

Name*: _____ **Birth date*:** _____

Address*: _____ **City*:** _____ **Zip*:** _____

Mailing Address, if different from above: _____ _____

Phone*: ( ) _____ **Email:** _____

Ethnic group: ❑ **Caucasian** ❑ **African American** ❑ **Hispanic** ❑ **Native American Alaskan** ❑ **Asian Pacific Islander** ❑ **Other**

Will you be driving to your volunteer site?*: ❑ **Yes** ❑ **No** **Are you a veteran?** ❑ **Yes** ❑ **No**

Insurance

Physical/Medical Limitations (if none, indicate none): _____

Emergency Contact Name*: _____ **Phone*:** _____

Supplemental Insurance BENEFICIARY Name*: _____ **Relationship:** _____

Mailing Address (of Beneficiary)*: _____ **Phone:** _____

Experience/Interests

Employment Experience: _____

Special Interests/Skills/Languages: _____

Volunteer Experience: _____

Preferred volunteer activities: _____

Days/Hours available: _____ **Placement Site Interest:** _____

I would like to be included on the one-time event volunteer list: ❑ **Yes** ❑ **No**

Applicant agrees to release, indemnify, defend and hold harmless the City of Woodburn, its officers, agents, employees and volunteers from and against all liability, claims, costs, and expenses for any and all injuries, deaths, losses or damages arising from or in connection to applicant's participation in this program. I understand that if I use my personal automobile to and from my volunteer work station, I will arrange to keep in effect automobile liability insurance equal to or greater than the minimum required by state law. On occasion the Marion County RSVP program staff may take photos or video of volunteers at work stations and events. These photos or videos are for RSVP use only and may be used in future printed or social media marketing campaigns. If you would NOT like your image used in marketing materials please check here ___No.

_____ _____ _____ _____

Volunteer Signature*: **Date:** **RSVP Coordinator Signature*:** **Date:**

FOR OFFICE USE ONLY

Station Assigned: _____ **Date Assigned:** _____ **Welcome Packet Sent:** _____

Entered into Volunteer Reporter: _____ **By:** _____ **Rev: 07/2015**