

VOLUNTEER APPLICATION

Submit completed applications to Events and Special Programs Manager 270 Montgomery, Woodburn OR, 97071 • Emily.Duran@ci.woodburn.or.us • 503-982-5239

	terest (please check all that apply):	Dublic Library
	a-Ride Driver Museum Volur	<u> </u>
sport Coacn - Sport:	/ Age Group:	Other:
Name (Last)	(First)	(Middle)
Please list any other names previous	sly used:	Date of Birth: / /
Home Address:	City:	State: Zip:
Mailing Address (if different):	City:	State: Zip:
Home Phone:	Cell Phone:	E-Mail:
Are you fluent in a language other the lifyes, please list languages:	_	
Will you be here on a volunteer or in If Intern/Student what is your: School:		er Intern/Student year of graduation:
PERSONAL REFERENCES (Do not in	clude relatives)	
Name:	Relationship:	Day Phone:
Name:	Relationship:	Day Phone:
Employer Name:	Phone	:
May we contact your current emplo	yer? YES NO	
Have you ever been convicted of, pl	ead guilty or no contest to a misdem	neanor or felony? YES NO
	ocations (state and county of convict application.	cion), and any other information you feel should be
In case of an emergency, please no	tify:	
Relationship:	Phone:	

VOLUNTEER WAIVER, RELEASE, & ASSUMPTION OF RISK

Thank you for your willingness to volunteer for the City of Woodburn. The City of Woodburn (the "City") is committed to conducting its programs, services, and activities in a safe manner and holds the safety of City volunteers in high regard. However, volunteers and parents/guardians of minor volunteers must recognize that there is an inherent risk of injury when choosing to volunteer. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled to perform the volunteer activities.

VOLUNTEER AGREEMENT:

I hereby certify that the facts set forth in this volunteer application are true to the best of my knowledge. I agree that if the information given in my application, resume or any other materials, or during any interview, is found to be false in any way, it shall be considered sufficient cause for denial of volunteer status. I understand that the City of Woodburn is not obligated to appoint me to a volunteer position and that nothing contained in the volunteer registration form is intended to create a contract between the City of Woodburn and me. I agree to comply with the policies, rules, regulations and procedures of the City of Woodburn, which I understand may change at any time; and I understand that my volunteer status can be terminated with or without cause or notice, at any time, at the option of either me or the City of Woodburn.

READ CAREFULLY BEFORE SIGNING

I recognize and acknowledge that there are certain risks of physical injury to volunteers providing and/or engaging in volunteer activities for the City, and I voluntarily agree to assume the full risk of any and all injuries, death, damages, or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said volunteer activities. I further agree to waive and release all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or related to the volunteer activities, against the City, its officials, officers, employees, agents, and/or other volunteers, collectively or individually.

I further declare that I am aware of the activity contemplated and the hazards connected therewith; understand that I may be a passenger in vehicles operated by City employees; and understand that I will be a guest and not a passenger for hire or other consideration.

I further authorize the person in charge to secure any necessary emergency medical services in the event that such are necessary and I am unable to make conscious and competent decision as to my need thereof. I further agree to pay for such services and to save the City and its employees harmless therefrom.

I understand that baseball, softball, football, basketball, volleyball, soccer and other sports, camps, fitness and aquatic programs are dangerous and that I or my child could be killed or seriously injured while participating. Injuries that could occur include but are not limited to: paralysis, brain injury and broken bones. I understand that if my child is participating in a youth sports program that he/she will be coached by volunteer coaches who will not be full-time or professionally trained. Coaches are also not screened for, or approved to provide transportation to participants as part of any youth sports programs. Recognizing the inherent risks associated with participating in the above noted program and still desiring myself or my child to participate, I hereby agree to indemnify and hold harmless the City of Woodburn and the City's Parks and Recreation Department, its members, employees and all individuals responsible for the conduct of activities involving myself or my child(ren) for claims including, but not limited to claims of personal injury, hospitalization, etc.

I also understand that as a volunteer, with the exception of Dial-a-Ride Driver volunteers, that I am not required or approved to provide transportation to Woodburn program participants or other volunteers on behalf of the City.

agree that the City may use, reproduce, disclose, and distribute my name and/or likeness for City marketing purposes NO
have read and fully understand the above waiver and release and shall be binding on my heirs, executors, successors and assigns.
Print Volunteer's Name
/olunteer's Signature:
Volunteer must be 18 years or older, OR Parent/Guardian signature is required.)
Parent/Guardian signature (if applicable):
OFFICE USE ONLY:
Date Received: By:
Passed Background Check:
Placed At: Date:
Date Entered into Database:By:

PERSONAL HISTORY INQUIRY AUTHORIZATION, RELEASE, AND WAIVER

To facilitate the City of Woodburn's assessment, I hereby a	of my fitness to serve in the position of outhorize the City of Woodburn, its officers,
agents, assigns and employees to contact previous and to request, read, review or photocopy any and lawfully investigate my background for this position limited to, my academic, residential, achievement employment history, and criminal history information.	I all information the City deems necessary to on. This information may include, but is not ent, performance, attendance, disciplinary,
A photocopy or FAX copy of this release form will the said photocopy or FAX copy does not contain a	
<u>Certification</u> : I certify that I have read this authorupose, and have received a copy of it. I also und at any time by delivering to you or your organization	derstand that I may revoke this authorization
Applicant's Name (Please Print):	Social Security Number:
	Date of Birth:
	Driver's License Number:
Applicant's Signature:	Date:
If the above applicant is a minor, as the parent/guentirety. I further give my permission for this approximate volunteer position with the City of Woodburn.	· -
Parent/Guardian Signature (if applicable):	Date:
FFICE USE ONLY: ate Received: Date Background Check Cor	mpleted:By:
	f: