

WOODBURN

O R E G O N

DISABLED PARKING VOLUNTEER APPLICATION

Submit completed applications to Lt. Andy Shadrin
1060 Mt. Hood Ave, Woodburn OR, 97071 • Andy.Shadrin@ci.woodburn.or.us • 503-982-2345

Name (Last) (First) (Middle)

Please list any other names previously 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 than English? YES NO
If yes, please list languages: _____

Will you be here on a volunteer or intern/student basis? Volunteer Intern/Student
If Intern/Student what is your:
School: _____ Projected year of graduation: _____

PERSONAL REFERENCES (Do not include relatives)

Name:	Relationship:	Day Phone:
Name:	Relationship:	Day Phone:

Employer Name: Phone:

May we contact your current employer? YES NO

Have you ever been convicted of, plead guilty or no contest to a misdemeanor or felony? YES NO

If yes, please list dates, charges(s), locations (state and county of conviction), and any other information you feel should be considered in the evaluation of your application. _____

In case of an emergency, please notify:

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.

I agree that the City may use, reproduce, disclose, and distribute my name and/or likeness for City marketing purposes.
___ NO

I 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 _____

Volunteer'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: _____	Date Background Check Completed: _____	By: _____	
Passed Background Check: <input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff: _____	
Placed At: _____	Date: _____		
Date Entered into Database: _____	By: _____		

PERSONAL HISTORY INQUIRY AUTHORIZATION, RELEASE, AND WAIVER

To facilitate the City of Woodburn’s assessment of my fitness to serve in the position of _____, I hereby authorize the City of Woodburn, its officers, agents, assigns and employees to contact previous employers and other sources of information and to request, read, review or photocopy any and all information the City deems necessary to lawfully investigate my background for this position. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history information.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Certification: I certify that I have read this authorization form, understand its meaning and purpose, and have received a copy of it. I also understand that I may revoke this authorization at any time by delivering to you or your organization, in writing, such revocation.

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/guardian, I agree to the above statement in its entirety. I further give my permission for this applicant to be considered as a candidate for a volunteer position with the City of Woodburn.

Parent/Guardian Signature (if applicable):

Date:

OFFICE USE ONLY:		
Date Received: _____	Date Background Check Completed: _____	By: _____
Passed Background Check: <input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff: _____