

# City of Mt. Angel

## Volunteer Application

**Return completed application to: City of Mt. Angel, 290 E Charles St/PO Box 870 Mt. Angel OR 97362**

Name		Daytime Phone	
Address		Evening Phone	
City/Zip		Email	

Are you under 18 years of age? (circle one)      YES                      NO

Current Employer or School		Phone	
Education, Work, or Volunteer Experience			
Skills or Certifications			

Languages that you speak and/or write: \_\_\_\_\_

**List the hours you are available or prefer:**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
<b>CLOSED</b>	<b>CLOSED</b>					

**VOLUNTEER ACTIVITY**

Please describe the type of volunteer work you are interested in performing, or activity/event you wish to volunteer for.

---



---

**REFERENCES**

Please list two references that are NOT related to you and that have knowledge of your relevant experience for the type of volunteer activity you are interested in.

Name	Address	Phone Number	Relationship/Years Known

(CONTINUED ON OTHER SIDE)

## Volunteer Agreement and Signature

*I understand and agree to the following:*

- I will keep all issues pertaining to city business confidential.
- I may be subject to background and motor vehicle record checks.
- I will adhere by OR-OSHA safety standards and training I am provided.
- I have read and understand the Volunteer Policy.

I give my permission for the named references to be contacted either verbally or in writing. I also understand that information obtained will be used only in conjunction with a City of Mt. Angel volunteer position. All of the information on this application is true to the best of my knowledge.

I hereby certify that the facts set forth in this volunteer registration are true to the best of my knowledge. I agree that if the information given in my registration, 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 Mt. Angel 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 Mt. Angel and me. In addition to the above items, I agree to comply with the policies, rules, regulations, and procedures of the City of Mt. Angel, 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 Mt. Angel.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### REQUIRED FOR ALL MINORS:

#### PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I, \_\_\_\_\_, as parent or legal guardian hereby grant permission for \_\_\_\_\_ to do volunteer work for the City of Mt. Angel. In the event of an emergency, accident, or illness, I authorize the City of Mt. Angel and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please complete the attached Background Release Form**

# City of Mt. Angel

## Volunteer Background Release Form

### Please Read Carefully

**Please PRINT legibly in INK and SIGN form. Do not leave any lines blank.**

Last Name		First Name		Middle Name	
Maiden Name			Other Aliases		
Street Address			City/State/Zip		
Phone Number			Date of Birth		
Gender	Male ( <input type="checkbox"/> ) Female ( <input type="checkbox"/> )		Social Security Number		
Driver License #		State		Expires	

Please list the states and/or countries you have lived in since you turned 18. If you were convicted of a crime as an adult or pled guilty to a crime as an adult when you were under the age of 18, please list the state(s) in which that conviction/those convictions occurred.

--	--

BY MY SIGNATURE BELOW I AUTHORIZE City of Mt. Angel to complete a background check. This authorization is valid for purposes of verifying information given in connection with an application for volunteer work with the City of Mt. Angel.

BY MY SIGNATURE BELOW I AUTHORIZE all corporations, current employers, former employers, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services and persons, to release the following (check all that you are authorizing):

- Employment References
- Personal References
- Educational Degrees
- Professional Certifications or Licenses
- Driving Record
- Criminal Background
- Character References

This authorization shall be valid in original or copy form. This authorization is valid until \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For internal Use Only**

	Initial	Date	Clear	
Background check complete			Y	N
DMV check complete			Y	N
Return to Finance Office				