



Public Works Department
555 Liberty Street SE, Room 325, Salem OR 97301-3513

VOLUNTEER APPLICATION

Position applied for or area of interest: _____

A new application must be submitted for each program in which an individual is volunteering.

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: _____

Employer Name: _____ Phone: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number / State / Type: _____ / _____ / _____
List other states where you have resided as an adult (over the age of 18):	Expiration Date (Month/Year): _____ / _____ Is your license currently suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

If yes, please give dates, charge(s), location (state and county of conviction), and any other information you feel should be considered in the evaluation of your application. Also, include in your answer any warnings or convictions or any alcohol/drug related driving offenses. Attach explanation on a separate sheet of paper.

I have read the statements on the reverse side of this document, reviewed all of the information provided, and any attachments or supporting documents. I agree that a copy of this document is as valid as the original.

Applicant Signature _____ Date _____

If the above applicant is a minor (under the age of 18), as the parent/guardian, I agree to the above statements in their entirety. I further give my permission for this applicant to be considered a candidate for a volunteer position with the City of Salem.

Parent/Guardian Signature _____ Date _____



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VOLUNTEER AGREEMENT

I certify that all answers to the questions and statements on the volunteer application, attachments, and/or information provided in interviews are true and complete to the best of my knowledge.

I authorize the release of any and all information concerning myself for the purposes of volunteering with the City of Salem. I understand that an investigation into my affairs will include, but is not limited to, all entries wherein I have been mentioned as being arrested for any crime, violation, infraction, or offense; any entry naming me as a suspect in any crime, violation, infraction, or offense; any entry naming me as a witness, victim, complainant, or otherwise involved or named in any report by any member agency of the City of Salem.

I authorize any past/present employers and educational institutions to release information concerning my work or educational history to be used solely in determining my qualifications for this volunteer opportunity.

I understand that should the City learn, at any time, of any untruthful, misleading, falsified or omitted answers, my volunteer application may be rejected, my name removed from consideration, or my service with the City terminated.

I understand that if I am retained as a volunteer with the City of Salem I cannot expect continued service or to automatically be retained on a regular basis. As a volunteer, I understand that I have no due process rights with respect to property interests to the volunteer assignment.

I hereby release the City of Salem, its member agencies, and all of their officers and employees, from any liability or damage, either direct or indirect, which may result from furnishing the information requested and will hold harmless the City of Salem from the provision or use of any information so obtained regardless of whether it should be later proven to be factual or not factual.

As a registered volunteer for the City of Salem Public Works Department, Parks and Transportation Services Division, you are considered an agent of the City of Salem. There is no monetary reimbursement; however, the City does provide the following benefits:

1. The City of Salem provides volunteers with secondary medical insurance for accidental injury while the volunteer is actively working. This insurance is provided at no cost to the volunteer.
2. To the extent that the volunteer is acting in the course and scope of his or her assigned duties, the City of Salem will extend general liability coverage to Oregon's tort limits to the volunteer.

As a registered volunteer, you agree to meet the following requirements:

1. Complete and submit the City's volunteer application/agreement.
2. Have the desire and patience in working with children/people of all ages to facilitate their physical, social, and psychological development.
3. Agree to uphold the program's philosophy, goals, and guidelines.
4. Represent the City of Salem Public Works Department, Parks and Transportation Services Division, in a positive, constructive manner.
5. Be a good role model for children, parents, and fellow colleagues.
6. Coordinate, supervise, and conduct all activities in an invigorating environment.
7. Follow the emergency and reporting procedures as outlined by your supervisor.
8. Communicate problems, suggestions, or concerns to your supervisor in a timely manner.
9. Agree that the City may use, reproduce, disclose, and distribute volunteer's name and/or likeness for City marketing purposes.



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VOLUNTEER INFORMATION/RELEASE FORM

In case of an emergency, please notify:	
Relationship:	Telephone:
Address:	

I request and authorize the release of any and all information concerning myself for the purposes of volunteering with the City of Salem. I further understand that an investigation into my affairs will include, but is not limited to, all entries wherein I have been mentioned as being arrested for any crime, violation, infraction or offense, any entry naming me as a suspect in any crime, violation, infraction or offense, any entry naming me as a witness, victim, complainant, or otherwise involved or named in any report by any member agency of the City of Salem.

I, and all of my successors and heirs, hereby forever release the City of Salem, its member agencies, and all of their officers and employees, from any liability or damage, either direct or indirect, which may result from furnishing the information requested and will hold harmless the City of Salem for the provision or use of any information so obtained regardless of whether it should be later proven to be factual or not factual.

I further agree that a copy of this release is as valid as the original.

Applicant Signature:	Date:
Printed Name:	

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 Salem.

Parent/Guardian Signature:	Date:
Printed Name:	