



VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

IS THIS COURT ORDERED COMMUNITY SERVICE? YES NO

VOLUNTEER WORK DESIRED:

Landscaping/Parks Maintenance

Assist at Community events

Clerical

Special Projects (please name):

YOUR EXPECTATIONS -- IF YOU HAVE A PARTICULAR INTEREST OR PROGRAM YOU WOULD PREFER TO WORK WITH PLEASE LIST IT BELOW:

AVAILABILITY – What days of the week/hours of the day will you be available for volunteer work?

Community Service Only: Please list the name and contact information for Jurisdictional Authority mandating the work (i.e. Probation Officer, Parole Officer, Judge, etc.)



PERSONAL HISTORY INQUIRY AUTHORIZATION, RELEASE & WAIVER

CITY OF STAYTON

362 North Third Avenue, Stayton, Oregon 97383
(503) 769-3425

To facilitate the City of Stayton's assessment of my fitness to serve in a volunteer position for the City of Stayton, I hereby authorize the City of Stayton, its officers, agents, assigns, and employees to conduct a criminal history records request search. I hereby exonerate, release and discharge any person, school, employer, organization or entity, and its officers, agents and employees from any liability or damages that may result from furnishing the information requested to the City of Stayton, including liability or damage pursuant to any state or federal laws.

I further release the City of Stayton, its officers, agents and employees, from any such liability that may directly or indirectly result from the use, disclosure, or release of such information. I specifically and permanently waive any rights I may have to review or inspect any and all of the information developed in this investigation. 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 the City of Stayton, in writing, such revocation.

VOLUNTEER NAME

ADDRESS

PHONE

DATE OF BIRTH

SIGNATURE OF VOLUNTEER PARTICIPANT

DATE

SIGNATURE OF PARENT OR GUARDIAN
(Required if volunteer is under 18)

DATE

STATE OF OREGON,)

) ss.

COUNTY OF MARION)

SIGNED OR ATTESTED BEFORE ME ON _____

BY _____

DATE

NAME OF APPLICANT

SIGNATURE OF NOTARY PUBLIC