



Volunteer Application

Thank you for your interest in volunteering for the City of Stayton. We look forward to partnerships with volunteers to enable us to effectively serve the citizens of our community. To ensure the safety of our volunteers and protect the interests of the City, we require potential volunteers to complete this questionnaire form and participate in a background check.

Name: _____

Address: _____

Email: _____

Phone: _____

Is this Court Ordered Community Service? Yes No

Note: Court ordered community service is only available for Public Works / Parks

Volunteer Work Desired:

- | | |
|---|--|
| <input type="checkbox"/> Public Works / Parks Maintenance | <input type="checkbox"/> Assist at Community Events |
| <input type="checkbox"/> Stayton Public Library | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Stayton Family Memorial Pool | <input type="checkbox"/> Special Projects (please list): |

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?

COURT ORDERED COMMUNITY SERVICE ONLY:

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

Upon completion of this application packet, please submit to the department you are wishing to volunteer or perform community service with.



City of Stayton

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

PERSONAL HISTORY INQUIRY AUTHORIZATION, RELEASE AND WAIVER

To facilitate the City of Stayton’s assessment of my fitness to serve in the position of Volunteer for the City of Stayton, I hereby authorize the City of Stayton, its officers, agents, assigns, and employees to contact previous employers and other sources of information and request, read, review or photocopy any and all information the City deems necessary to lawfully investigate my residential, achievement, performance, attendance, disciplinary, employment history, driving record and criminal history information.

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 you or your organization, in writing, such revocation.

Signature of Parent (if under 18)

Signature of Applicant

Date

Printed Name of Applicant

Date of Birth

Last 4 digits of Social Security Number