



City of Sweet Home Volunteer Registration Form

Thank you for your interest in volunteering for City of Sweet Home. We look forward to partnerships with volunteers to enable us to effectively serve the citizens of our community. In order 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. Thank you for volunteering.

Name		Daytime Phone	
Address		Evening Phone	
City/Zip		Email	

VOLUNTEER ACTIVITY

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

Please list the date(s) or range of dates for which you would like to volunteer.

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

EMERGENCY INFORMATION

Name and contact information for the person(s) to reach in the event of an emergency.

Name	Phone Number	Relationship



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 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 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 Sweet Home and me. In addition to the above items, I agree to comply with the policies, rules, regulations, and procedures of the City, 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.

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 Sweet Home. In the event of an emergency, accident, or illness, I authorize the City 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:** _____



City of Sweet Home 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		
Place of Birth			Date of Birth		
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 the City of Sweet Home 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.

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 does not expire.

Signature: _____ **Date:** _____

