



City of Pendleton Volunteer Program Volunteer Application

502 SW Dorion
Pendleton, OR 97801
541-966-0394
Megan Lauer
Volunteer Coordinator

NAME:		BIRTHDAY: Month and Day only	
MAILING ADDRESS:		CITY/ZIP:	
HOME PHONE:	EMAIL:	PREFERRED CONTACT METHOD: <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL	
ALTERNATE PHONE:	EMERGENCY CONTACT & PHONE:		
OCCUPATION:	EMPLOYER:		

Please mark the positions you are interested in:		
Library	Police	Parks & Recreation
Technology Volunteer	Special Events	Special Events
Program Assistant <input type="checkbox"/> Children's <input type="checkbox"/> Adult	Clerical /Office	Sports Programs (Dodgeball; Pitch, Hit and Run; Hershey's Track)
"Special Delivery" to Homebound	Crime Victim follow-up	Halloween (Pumpkin Fest; Carnival and Dance)
Check-in (over 18 yrs. old)	National Night Out	Daddy Daughter Dance
Materials Processing	CSI Junior Investigators	Moms and Sons Bowling
Children's Library Monitor	Gardening/ Groundskeeper	Summer Programs
Shelver/ Shelf Reader		Ski Bus Chaperone
Special Projects		Volunteer Captain @ Special Events
Activity Coordinator <input type="checkbox"/> Youth <input type="checkbox"/> Adult		"On Call" Special Interest Program Assistant
Farmers Market		Farmers Market
		Tiny Tot Olympics
		Summer Adventure Festival
		Breakfast With Santa

Are you willing to submit to a criminal background check if required? **Yes** **No**

Are you seeking Volunteer hours to fulfill a community service obligation? If so, please name the agency and the number of hours required.

What special skills, interests, or training do you have?

What days and times are you available to volunteer? Please check all that apply: Monday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Tuesday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Wednesday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Thursday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Friday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Saturday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Sunday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
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Number of hours per week/month you are available to volunteer: hrs. weekly hrs. monthly

Where did you learn about the Pendleton Volunteer Program?

Please read and sign the back of this form.

Volunteers 18 years of age and older:

In consideration of the opportunity to volunteer with the City of Pendleton, I fully and completely release the City of Pendleton, its officials, and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I understand that I will be covered by the City's worker's compensation insurance* for any physical injuries that may occur during my volunteer activities. I acknowledge that any photograph or videotape taken of me participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Pendleton.

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify the City of Pendleton, its officials, and employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify my supervisor as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature: _____ Date: _____

Volunteers 12 through 17 years of age:

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the City of Pendleton volunteer program. I also agree to indemnify, hold harmless, and release the City of Pendleton, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or videotape taken of my child/ward participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Pendleton.

Parent Signature: _____ Date _____

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify my supervisor as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Youth Volunteer Signature: _____ Date _____

**Some activities are not covered by The City's Workers Compensation insurance, such as Adopt a Parkway, Neighborhood Watch and large group /civic organization volunteer group activities.*

(For staff use only)

Crim. Rec. Ck to HR _____ **Crim. Rec. Ck Results** _____ **Orientation** _____ **Interview** _____
(date and initial)

Supervisor/Department _____

Assigned Task _____

Assigned day and time _____

Start date _____

Database _____ name badge _____ roster _____

Training _____ Notes: _____