

PERSONAL REFERENCE:

Please attach a letter of recommendation from a teacher or community leader.

CURRENT PLACE OF EMPLOYMENT (Optional)

Employer's Name _____

Employer's Address and Telephone _____

Your Position _____

PREVIOUS VOLUNTEER EXPERIENCE

(Volunteer Agency)
Address _____ Telephone _____

Duties _____

**I understand that I will be required to attend Monday night Council meetings and at least one additional meeting per month with a Councilor (i.e. job shadow). Work sessions are optional but highly encouraged. _____ Yes _____ No

** I understand the time commitment and duties involved for the position I am seeking. _____ Yes _____ No

** I affirm that I will be eligible to vote in the state of Oregon upon turning 18. _____ Yes _____ No

AUTHORIZATION WAIVER

I have completed the above questions and to the best of my knowledge, what has been stated is true. If appointed to a volunteer position, I agree to serve without reimbursement of any kind and with the understanding and agreement that medical insurance is not provided by the City of Keizer. Volunteers for the City of Keizer are covered under the city's liability insurance and workers compensation program. As a volunteer applicant, I understand that I may be subject to a criminal records check. I further understand that irrespective of any criminal records check, the City of Keizer may decline my volunteer application or volunteer services at any time.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

PLEASE RETURN COMPLETED APPLICATION TO:

*City Of Keizer Volunteer Coordinating Committee
Attention: Debbie Lockhart, Deputy City Recorder (503-856-3418)
P.O. Box 21000 (City Hall - 930 Chemawa Road Ne)
Keizer, Oregon 97307-1000*

Scanned completed applications may be submitted to: lockhartD@keizer.org