



Number of hours per week you can volunteer: \_\_\_\_\_

Days and times of week available: \_\_\_\_\_

\*\* I understand the time commitment and duties involved for the position I am seeking.

Yes No

Have you ever been convicted of a felony? Yes No

EDUCATION BACKGROUND

High School \_\_\_\_\_ Graduate or GED \_\_\_\_\_

College \_\_\_\_\_ Degree \_\_\_\_\_

PERSONAL REFERENCE

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

CURRENT PLACE OF EMPLOYMENT

Employer's Name \_\_\_\_\_

Employer's Address and Telephone \_\_\_\_\_

Your Position \_\_\_\_\_

May we contact you at work? \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE

\_\_\_\_\_  
(Volunteer Agency)

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Duties \_\_\_\_\_

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

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