



# Volunteer Application

<i>Official Use Only</i>
Date _____
Dept Assigned _____
_____

Applicant's Name

Complete Address

Phone

Email

Date of Birth (some positions require a minimum age)

Driver License Number and State

Please describe any skills and experience you have through employment, previous volunteer work, or other activities (such as hobbies). Example: Typing or lifeguarding.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning

Afternoon

Evening

In what department are you interested in volunteering?

Aquatic Center

Fire

Planning & Building

City Manager's Office

Library

Police

Finance

Parks

Public Works

Personal Reference's Name

Phone

Relationship

Professional or Volunteer Reference's Name

Phone

Relationship

Have you ever been convicted of a crime?

Yes

No

If yes, please explain below. Exclude cases processed in juvenile court and minor traffic violations. Conviction does not necessarily disqualify you from a volunteer position.

Emergency Contact's Name

Phone

Relationship

*I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I authorize the City of Dallas to make any necessary and appropriate investigations to verify the information I provide in my application and to investigate my personal, professional, and financial credit background, including any criminal records and past employment records. I also release the City of Dallas and any persons, companies, or corporations supplying the above information from all liability pertaining to information concerning my background.*

*I acknowledge that the City of Dallas will not provide health or accident insurance for my benefit and that I am responsible for providing my own health or accident insurance. I further acknowledge that I am not entitled to and will not receive any employment or workers' compensation benefits from the City of Dallas. I understand and agree that I or my estate will be responsible to pay any and all costs incurred as a result of injury, illness, or death suffered while participating as a volunteer or intern. This acknowledgment and agreement will be binding on me and my heirs, personal representatives and successors.*

*Completing this form is not a guarantee of placement. I understand that as a volunteer, I am not an employee of the City of Dallas and that any duties I perform are as a volunteer. I agree to follow the procedures and guidelines set forth by the City of Dallas for my assigned work duties.*

Signature

Date

**If you are under 18 years of age, your parent or guardian must complete the following:**

I give my permission for my child/ward to volunteer for the City of Dallas.

Signature of Parent/Guardian

Date

**Please return completed form to: City Manager's Office  
187 SE Court Street  
Dallas, OR 97338  
503-831-3502  
[recorder@dallasor.gov](mailto:recorder@dallasor.gov)**