



**City of Carlton  
Volunteer and Intern Application and Placement Form**

Thank you for your interest in volunteering for the City of Carlton. 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 of Carlton, 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 \_\_\_\_\_ E-mail \_\_\_\_\_

Are you under 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Current employer or school \_\_\_\_\_ Phone: \_\_\_\_\_

Education, work or volunteer experience \_\_\_\_\_

Skills or certification \_\_\_\_\_

City department or volunteer assignment that most interests you: \_\_\_\_\_

Languages you speak: \_\_\_\_\_ or write: \_\_\_\_\_

Circle the days of the week you are available or prefer:

SUN      MON      TUES      WED      THURS      FRI      SAT

**Personal references (not a relative):**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Relationship \_\_\_\_\_

**Volunteer or paid work reference:**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been convicted of a felony? (Do not answer 'yes' if your 'official' conviction record has been annulled, expunged or sealed. A past criminal history does not necessarily disqualify an applicant).

If yes, describe fully:

*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 application are true to the best of my knowledge. I agree that if the information given in my application, 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 of Carlton 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 Carlton 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 of Carlton.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Or signature of parent/guardian if under 18 years of age).

**Return completed application to:**

The City Recorder, City of Carlton, 191 E. Main Street, Carlton, OR 97111

To be filled out by staff:

*Referral and Placement Information*

Volunteer referred to:

<u>Department and Staff</u>	<u>Volunteer Position</u>	<u>Copies Sent</u>	<u>Date</u>

**Comments:**

\*\*\*\*\*

To be completed by the volunteer at orientation before placement:

*I have received the contents of the City of Carlton volunteer orientation information and agree to abide by the policies included in the orientation information while I am performing my official duties as a volunteer for the City of Carlton*

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**In case of an emergency, please contact:**

Name \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_