



## 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. 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: (\_\_\_\_) \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you 18 years of age? \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Do you have a driver's license? \_\_\_\_\_  
Y/N (mm/dd/year) (Driver's License Number)

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

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

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

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

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

List the hours you are available or prefer:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

References - One Volunteer or work, one Personal (not a relative):

Name	Relationship	Address (City, State)	Phone

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

If yes, describe fully (attach separate sheet if needed):

\_\_\_\_\_  
 \_\_\_\_\_

*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 and to the best of my knowledge. I agree that if the information is 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 (Or signature of parent/guardian if under 18 years of age): \_\_\_\_\_ Date: \_\_\_\_\_



**THE FOLLOWING SECTION TO BE COMPLETED BY CITY OF CARLTON STAFF ONLY**

Volunteer Name: \_\_\_\_\_

**Referred to or Placed:**

Department & Staff	Volunteer Position	Copies Sent by	Date

**Enter Date Completed (if applicable)**

Application		Interview	
Reference Check		Job Description Provided	
Background Check		Volunteer Orientation & Certification	
DMV Check		Insurance Coverage & Waiver	
Parental Consent Form		Auto and General Liability Waivers	

Comments:

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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 (\_\_\_\_) \_\_\_\_\_