

City of King City Volunteer Application and Placement Form

Return completed application to: Ronnie Smith at rsmith@ci.king-city.or.us

Name		Daytime Phone	
Address		Evening Phone	
City/Zip		Email	

*Are you under 18 years of age? (circle one) YES NO *Are you over 21 years of age (circle one) YES NO
Optional – Some of our volunteer positions require a minimum age; Yes, and no questions is only used to match appropriate volunteer positions.

Current Employer or School	Phone
Education, Work, or Volunteer Experience	
Skills or Certifications	

Languages that you speak: _____

Languages that you write: _____

List the hours you are available or prefer:

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Personal Reference (not related)

Name	Phone	Relationship
Address	City/State/Zip	

Volunteer or Employer Reference

Name	Phone	Relationship
Address	City/State/Zip	

I give my permission for the named references to be contacted either verbally or in writing. I also understand that information obtained will be used only in conjunction with a City of King City volunteer position. All of the information on this application is true to the best of my knowledge.

Signature: _____ Date: _____

Disclosure

Have you ever been convicted of, or pleaded “no contest” to, a crime? This includes, for example, entering into a diversion agreement as a result of a DUI arrest. Yes No

A “yes” answer will not automatically disqualify you from volunteering. We will consider the nature and date of the offense, and the volunteer position(s) for which you are applying, for volunteer-related purposes only, and only to the extent permitted by applicable law.

If you answered “yes,” please explain, including date(s) of your conviction(s), plea, etc.

Agreement and Signature

I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments, or supporting documents may result in denial of volunteering, or immediate termination of a volunteer assignment.

I understand that an in-depth background check may be conducted prior to volunteering with City of King City. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, or credit check in order to determine suitability for volunteering. (You will be contacted again if an in-depth background check is utilized.)

I authorize representatives of City of King City to contact the employers and references listed in this application (or otherwise provided by me), and any other person as developed through these contacts in order to determine my suitability for volunteering. I understand that as the process progresses I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if assigned to a volunteer position, my volunteer relationship with City of King City is for no definite period and the relationship may be terminated at any time and without prior notice by either party.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of City of King City to fill volunteer vacancies with the most qualified applicants. Volunteer applicants will be considered on an equal basis for all positions without regard to age, disability, race, color, national origin, sex, sexual orientation, veteran status, military status, association with members of a protected class, or any other protected class or work relationship recognized by Oregon or federal law.

Thank you for completing this application form and for your interest in volunteering with us!

For Internal Use Only

6/2/2014

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