



VOLUNTEER REGISTRATION FORM

Thank you for your interest in volunteering for the City of Jacksonville. 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 Jacksonville, we require potential volunteers to complete this questionnaire form and volunteer waiver form. Volunteers will be subject to a background check. Thank you for volunteering.

Name _____
Address _____ E-mail _____
City _____ State _____ Zip _____
Local Phone () _____ Home or Cell Phone () _____

VOLUNTEER ACTIVITY

Please describe the type of volunteer work you are interested in performing, or activity/event you wish to volunteer for:

Please list date(s) or range of dates for which you would like to volunteer:

REFERENCES

Please list 2 references that are NOT related to you and that have knowledge of your relevant experience for the type of volunteer activity you are interested in:

Name	Address	Phone Number	Relationship/Length of Acquaintance

EMERGENCY INFORMATION:

Name and phone of person to reach in case of an emergency _____

Relationship to applicant _____

I understand and agree to the following:

- I will keep all issues pertaining to city business confidential.
- I will be subject to background release form.
- I may be subject to motor vehicle record check if I am to drive the City's vehicles.
- 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 nothing contained in the volunteer registration form is intended to create a contract between City of Jacksonville and myself. In addition to the above items, I agree to comply with the policies, rules, regulations and procedures of City of Jacksonville, 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 City of Jacksonville or myself.

Signature _____ Date _____



BACKGROUND RELEASE FORM
PLEASE READ CAREFULLY

Please PRINT legibly in INK and SIGN form. Do not leave any lines blank.

Name _____
Last First Middle

Other Alias including Maiden Name _____

Address _____
Street City State Zip

Home Phone _____ Birth date _____ Male () Female ()

Driver License # _____ State _____ Expires _____

From the age of 18 on (or if you have been convicted of a crime when you were younger than 18), if you have lived outside the state of Oregon, please list the states and/or countries you have lived in:

BY MY SIGNATURE BELOW I AUTHORIZE:

City of Jacksonville to complete a background check. This authorization is valid for purposes of verifying information given pursuant to the volunteer program.

By my signature, I authorize all corporations, current employers, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and agencies, military services and persons to release all information they may have about activities I may have been involved in.

This authorization shall be valid in original or copy form. This authorization is valid until ____/____/____.

Specifically, I authorize **City of Jacksonville** check my (check all that you are authorizing):

- Employment References
- Personal References
- Driving Record
- Criminal Background

SIGNATURE _____ DATE _____



Volunteer Waiver

First Name:	Last Name:
Phone Number:	
Address:	

Release From Liability For Volunteering – Please read carefully.

This Release and Waiver of Liability is executed on this ____ day of _____, 20____, by _____, on behalf self and guardian of children in favor or CITY OF JACKSONVILLE, its agents, officers, and employees.

Volunteer desires to work as a volunteer for the City of Jacksonville and understands s/he will not receive any remuneration from the City of Jacksonville for his/her services. The Volunteer understands that volunteer activities will primarily consist of _____ work and the Volunteer agrees to only act within the scope of this activity. Volunteer also understands that participation in certain activities can be HAZARDOUS and may involve a high level of risk including risks of serious injury and death.

Nevertheless, Volunteer hereby freely executes this Release and Waiver of Liability according to the following terms:

Release and Waiver: Volunteer hereby releases the City of Jacksonville and agrees to hold harmless the CITY OF JACKSONVILLE from any and all liability, claims, and demands of whatever nature, which arise from Volunteer’s activities with the CITY OF JACKSONVILLE. Volunteer understands that this Release discharges the CITY OF JACKSONVILLE from any liability or claim that the Volunteer may have against the CITY OF JACKSONVILLE with respect to physical injuries, illness, death or property damage resulting from Volunteer’s activities with the CITY OF JACKSONVILLE. Volunteer further understands that the CITY OF JACKSONVILLE does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Medical Treatment: Volunteer hereby releases the CITY OF JACKSONVILLE from any claim which arises on account of any first aid, treatment, or service rendered in connection with the Volunteer’s activities with the CITY OF JACKSONVILLE. The CITY OF JACKSONVILLE may contact _____ at the following phone number _____ in the event of an emergency.

I have read and understand this Volunteer Release and Waiver and the safety rules above and agree to abide by them.

IN WITNESS THEREOF, I execute this Release as of the day and year first written above.

Volunteer (Print Name): _____

Volunteer Signature: _____ **Date:** _____

PLEASE LEAVE BLANK UNTIL ALL FORMS ARE TURNED IN. RECORDER WILL FILL IN THIS SECTION