



VOLUNTEER APPLICATION

Clatsop County, Oregon

800 Exchange St., Suite 410, Astoria, Oregon 97103 (503) 325-1000

Thank you for your interest in volunteering with Clatsop County. Volunteers must be at least 16 years old. Please take a few moments to provide the following information:

Please Print:

Last _____ First _____ Middle _____

Home or Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____ Fax: _____

E-mail: _____ Driver's license # and state: _____

Please list in order of preference the kind of volunteer jobs that interest you:

1. _____ 2. _____ 3. _____

Why are you interested in volunteering? _____

Please briefly describe your pertinent experience, training or skills. (Having no previous experience or training will not disqualify you for volunteering.):

Previous volunteer experience: _____

What days and times are you available to work? _____

List the maximum hours per week you are willing to volunteer: _____

Most volunteer work requires a commitment of time. Please tell us for how long you would be available.

Please choose a timeframe: 1-3 months 6-12months One year plus Special project/event

Will your volunteerism fulfill any obligation of the following?: Community Service Work-study Job Training

Are you currently volunteering with the county in any other capacity? _____

Do you have any relatives working or volunteering with the county? _____

Please list any accommodations you would require or any limitations we should be aware:

Please be advised that if you volunteer to work with or around children a background investigation may be required prior to your application being approved.

My signature below affirms that all information is true and correct to the best of my knowledge and that I understand any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my acceptance as a volunteer with the county, may result in my dismissal. Information you provide on this application may become part of the public record.

Volunteer's Signature: _____ **Date:** _____

OFFICE USE ONLY:

Application: Accepted Denied Reason: _____

Department Placed: _____ Start date: _____ End Date: _____

FORWARD COPY TO HUMAN RESOURCES.