



# 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.**