



VOLUNTEER APPLICATION

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? Yes No

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

1. _____ 2. _____ 3. _____

How can you help? Please tell us about your skill set:

Office Skills:

- Typing Scanning Filing Public Outreach Customer Service
 Answering Phones Data Entry

Manual Labor:

- Weeding Painting Animal care Cleaning/Organization

Other Skills:

Please briefly describe your pertinent experience and/or training. (Having no previous experience or training will not disqualify you from volunteering.):

Why are you interested in 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 how long you would be available:

- 1-3 months 6-12months One year plus Special project/event

Will your volunteer service fulfill any of the following?

- Community Service Work-study Job Training

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

Do any relatives work or volunteer with the county? If so, who?: _____

Please list any reasonable accommodations needed for you to perform volunteer work:

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 I provide on this application may become part of the public record.

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

Forward this completed form to Clatsop County Human Resources, 800 Exchange St. Ste 408, Astoria OR 97103, or email it to hr@co.clatsop.or.us .



HUMAN RESOURCE USE ONLY:

Application: Accepted Denied Assigned **Reason:** _____

Comments:

Department Placed: _____ **Supervisor:** _____

Start date: _____ **End Date:** _____

