

Volunteer Application

City of Union 342 S. Main Union OR 97883

Phone 541-562-5197 Fax 541-562-5196

cityhall@cityofunion.com

VOLUNTEER APPLICANT INFORMATION

Last Name		First Name		MI
Address				
City			State	Zip Code
Home Phone	Cell Phone		Work Phone	
Email Address				

Emergency Contact Information

Last Name		First Name		Relation
Home Phone	Cell Phone		Work Phone	

QUESTIONNAIRE

Are you under the age of 18? Yes No If yes, how old are you? _____

Do you have a valid driver's license? Yes No

Have you ever been employed with the City of Union? Yes No

If yes, in what capacity? _____

Have you been convicted of any violation of the law (other than traffic violations)? Yes No
(If yes, please explain on a separate page)

What type of volunteering are you interested in doing? _____

What days are you available? Week days Weekends Every day

What times are you available Mornings Afternoons Evenings

How many hours per week can you volunteer? _____

Some volunteer positions require long-term commitment of 3 to 6 months or more. Are you willing to make a long term commitment? Yes No

How did you become aware of the City's volunteer program? _____

List any languages you speak or write other than English _____

The City of Union is required to carry workman's comp insurance on volunteers, please report dates & times of work.

Signature of Applicant _____ **Date** ___/___/___

City Use Only

For Volunteer Position _____	
Requested by: _____	Department _____ Date ___/___/___
Approved by: _____	Date ___/___/___
Signature	Title

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