



VOLUNTEER REGISTRATION FORM

Thank you for your interest in volunteering for the **City of Talent**. 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 Talent**, we require potential volunteers to complete this questionnaire form and participate in 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 an emergency _____

Relationship to you _____

I understand and agree to the following:

- I will keep all issues pertaining to city business confidential.
- I may be subject to background and motor vehicle record checks.
- 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 **City of Talent** is not obligated to appoint me to a volunteer position and that nothing contained in the volunteer registration form is intended to create a contract between **City of Talent** and me. In addition to the above items, I agree to comply with the policies, rules, regulations and procedures of **City of Talent**, 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 me or **City of Talent**.

Signature _____ Date _____

(OR signature of parent/guardian if under 18 years of age)

Optional: Include the sentence below if conducting background checks on volunteers:

Please complete the Background Release Form



City of Talent
110 East Main Street
PO Box 445
Talent, OR 97540



RELEASE FOR CRIMINAL HISTORY RECORDS CHECK

I hereby release the City of Talent, the tenantdata and the Department of Motor Vehicles ("DMV"), their agents and assigns, from any liability for access to my criminal history and motor vehicle records, including, but not limited to any arrests, warrants, convictions and disposition of charges. I understand that these matters are confidential, and I give my full release and agreement to the City to use tenantdata and DMV information to determine my eligibility for employment and/or volunteering in the City of Talent.

The City shall make all reasonable efforts to keep this information confidential. However, I release the City, tenantdata and DMV from liability concerning the release of this information.

Applicant's Full Name: _____

Applicant SS#: _____ Applicant Date of Birth: _____

Driver's License #: _____ State of Issuance: _____

Current Address: _____

City: _____ State: _____ Zip: _____

DATED this _____ day of _____, 20____.

Applicant's Signature: _____

Check one: Employment Volunteer

Position/Purpose: _____

Department: _____

Contact Person/Supervisor: _____