CITY OF TALENT
PARKS AND RECREATION
204 E. Main Street
Talent, Oregon 97540

APPLICATION
FOR SUPERVISION OF PEOPLE UNDER THE AGE OF 21

Date of Application_____ Position_____

NAME_____ BIRTHDATE_____

ADDRESS_____
Street City State Zip
Email Address_____

PHONE: Daytime_____ Evening_____

SS#_____ DRIVER'S LICENSE #_____STATE____

EDUCATION:
School_____ Highest Year or Degree_____

Indicate current certifications with expiration dates and any registration numbers.

First Aide_____ CPR_____ Lifeguard_____

EMT_____ Nurse_____ Water Safety_____

Other_____

Personal References: List three persons not related to you (**must have complete addresses**) who have definite knowledge of your qualification to perform duties of the position for which you are applying.

Name_____ Phone_____

Address_____
Street City State Zip

Name_____ Phone_____

Address_____
Street City State Zip

Name_____ Phone_____

Address_____
Street City State Zip

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Have you ever been convicted in any judicial or administrative proceeding of having sexually assaulted or exploited any minor or to have physically abused any minor? ( ) Yes ( ) No
If Yes, please explain indicating the charge or finding and the date and the court(s) involved:

_____

_____

Have you been convicted of a criminal offense in the last seven years? ( ) Yes ( ) No
If yes, please give date and nature of offense and disposition.

_____

_____

A criminal record will not necessarily bar an applicant; a criminal record will be considered as it relates to specifics of the position for which you have applied.

I authorize contact of references both primary and secondary. I understand that misrepresentation or omission of facts requested is cause for non-appointment as a volunteer. By signing below I grant permission for the City of Talent to seek validation of the above information with a police records check, as they may deem appropriate.

Signature_____ Date_____

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