



City of Stayton Volunteer Application

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

IS THIS COURT ORDERED COMMUNITY SERVICE? YES NO

Volunteer Work Desired:

- Landscaping / Parks Maintenance
- Clerical
- Swimming Pool

- Assist at Community Events
- Special Projects (please name):
Library

EXPECTATIONS – If you have a particular interest or program you would prefer to work with please list it below:

AVAILABILITY – What days of the week/hours of the day will you be available for volunteer work?

COMMUNITY SERVICE ONLY – Please list the name and contact information for Jurisdictional Authority mandating the work (i.e. Probation Officer, Parole Officer, Judge, etc.):



City of Stayton

362 North Third Avenue
Stayton, Oregon 97383
(503) 769-3425

PERSONAL HISTORY INQUIRY AUTHORIZATION, RELEASE AND WAIVER

To facilitate the City of Stayton's assessment of my fitness to serve in the position of _____, I hereby authorize the City of Stayton, its officers, agents, assigns, and employees to contact previous employers and other sources of information and request, read, review or photocopy any and all information the City deems necessary to lawfully investigate my residential, achievement, performance, attendance, disciplinary, employment history, driving record and criminal history information.

I hereby exonerate, release and discharge any person, school, employer, organization or entity, and its officers, agents and employees from any liability or damages that may result from furnishing the information requested to the City of Stayton, including liability or damage pursuant to any state or federal laws.

I further release the City of Stayton, its officers, agents and employees, from any such liability that may directly or indirectly result from the use, disclosure, or release of such information. I specifically and permanently waive any rights I may have to review or inspect any and all of the information developed in this investigation.

A photocopy or FAX copy of this release form will be valid, as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Certification: I certify that I have read this authorization form, understand its meaning and purpose, and have received a copy of it. I also understand that I may revoke this authorization at any time by delivering to you or your organization, in writing, such revocation.

Signature of Parent (if under 18)

Signature of Applicant

Date

Printed Name of Applicant

Date of Birth

Last 4 digits of Social Security Number