COT Logo

City of Tualatin Volunteer Application

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| Contact Information Please note: Applicant must be at least 14 to participate. | |
| Name: | |
| Street Address: | |
| City, State, Zip: | |
| Home Phone: | |
| Cell Phone: | Work Phone: |
| E-Mail Address: | |
| Birth Date (MM/DD/YYYY): | |

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| Availability – Times you are available for volunteer assignments | | |
| 🞏 Weekday mornings | 🞏 Weekend mornings | 🞏 Long-term (more than 6 months) |
| 🞏 Weekday afternoons | 🞏 Weekend afternoons | 🞏 Short-term (less than 6 months) |
| 🞏 Weekday evenings | 🞏 Weekend evenings | 🞏 Special Events / One-time Project |

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| Interest – Check all volunteers areas that interest you | | |
| 🞏 Advisory Committee/Board | 🞏 Environment/Tree Planting | 🞏 Leadership |
| 🞏 Arts and Crafts | 🞏 Events and Programs | 🞏 Library: Check-in |
| 🞏 Children’s Programs | 🞏 Juanita Pohl Center: Activities | 🞏 Library: Shelving |
| 🞏 Clerical | 🞏 Juanita Pohl Center: Gift Shop | 🞏Reception Desk |
| 🞏 Data Entry/Computers | 🞏 Juanita Pohl Center: Library | 🞏 Specific Project(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Special Skills or Qualifications/Previous Volunteer Experience |
| Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. (Please use space on back as needed.) |
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| Person to Notify in Case of Emergency | | | |
| Name | | Relationship | |
| Home Phone | Cell Phone | | Work Phone |

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| Agreement and Signature | |
| I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for on this application is cause for cancellation of the application and/or dismissal from volunteer service. I understand that background or security checks will be conducted as deemed necessary. I authorize the City of Tualatin to make any necessary and appropriate investigations to verify the information contained herein. I give permission for my photo to be taken while volunteering and that photos can be published. | |
| Name (printed) | |
| Signature | Date |
| Signature of Parent or Guardian if under 18 | Date |

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| Return Application to Volunteer Services | |
| Stacy Ruthrauff, Human Resources Director  City of Tualatin | Administration  18880 SW Martinazzi Avenue  Tualatin, OR  97062-7092  Phone:  503.691.3021 | Fax:  503.692.5421 |