



# City of Pendleton Volunteer Program Volunteer Application

Erin Brady  
Volunteer Coordinator  
500 SW Dorion Ave  
Pendleton, OR 97801  
541-966-0244  
erin.brady@ci.pendleton.or.us

NAME:		BIRTHDAY:	
MAILING ADDRESS:		CITY/ZIP:	
PRIMARY PHONE:	EMAIL:	PREFERRED CONTACT METHOD: __PHONE__ EMAIL	
ALTERNATE PHONE:	EMERGENCY CONTACT & PHONE:		
OCCUPATION:	EMPLOYER:		

**Please mark the positions you are interested in:**

LIBRARY	POLICE	AIRPORT	PARKS & RECREATION
Youth Activity Coordinator	Special Events	Clerical/Office	Any Special Events
Program Assistant: __Children's__ __Adult__	Neighborhood Watch Coordinator	Photographing Properties	Halloween (Pumpkin Fest; Carnival & Dance)
Check-in (over 18 yrs. old)	National Night Out	Indoor Painting	Teen Programs
"Special Delivery" to Homebound	Gardening/Grounds Keeping	Website & Facebook Updating	Daddy Daughter Dance
Materials Processing	Special Projects	Grant Writing	Main Office Substitute Receptionist
Children's Library Monitor	Clerical/ Office		Summer Camps
Shelver/Shelf Reading			Ski Bus Chaperone
Special Projects	<b>ADMINISTRATION</b>		Summer Parks Junior Leader (teens)
	Special Projects		Sports Programs (Pitch, Hit & Run; Hershey's Track)
	Clerical/Office		Tiny Tot Olympics
			Dodge ball Invitational
	<b>Other:</b>		Breakfast With Santa

**Are you willing to submit to a criminal background check?                      Yes                      No**

Are you seeking Volunteer hours to fulfill a community service obligation? If so, please name the agency and the number of hours required.

What special skills, interests, or training do you have?

Where did you learn about the Pendleton Volunteer Program?

<b>What days/times are you available to volunteer?</b>	<b>Thursday:</b> __Morning    __Afternoon    __Evening <b>Friday:</b> __Morning    __Afternoon    __Evening <b>Saturday:</b> __Morning    __Afternoon    __Evening <b>Sunday:</b> __Morning    __Afternoon    __Evening
<b>Monday:</b> __Morning    __Afternoon    __Evening <b>Tuesday:</b> __Morning    __Afternoon    __Evening <b>Wednesday:</b> __Morning    __Afternoon    __Evening	Number of hours per week/month you are available to volunteer:    __hrs. weekly    __hrs. monthly

*Please read and sign the back of this form.*

## Volunteers 18 years of age and older:

In consideration of the opportunity to volunteer with the City of Pendleton, I fully and completely release the City of Pendleton, its officials, and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I understand that I will be covered by the City's worker's compensation insurance\* for any physical injuries that may occur during my volunteer activities. I acknowledge that any photograph or videotape taken of me participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Pendleton.

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify the City of Pendleton, its officials, and employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify my supervisor as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Volunteers 12 through 17 years of age:

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the City of Pendleton volunteer program. I also agree to indemnify, hold harmless, and release the City of Pendleton, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or videotape taken of my child/ward participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Pendleton.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify my supervisor as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Youth Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Some activities are not covered by the City's workers compensation insurance, such as Adopt a Parkway, Neighborhood Watch, and Large group/civic organization volunteer group activities.*

### (For staff use only)

Date and initial the following:

CBC to HR:	CBC Results:	Orientation:	Interview:
Department:		Assigned Task:	
Start date:		Database Record Number:	

Notes: