



# VOLUNTEER APPLICATION

Submit completed applications to the Human Resources Manager, Karee Miller  
387 NE 3<sup>rd</sup> Street, Prineville OR, 97754 • [KMiller@cityofprineville.com](mailto:KMiller@cityofprineville.com) • 541-447-2366

**Position applied for or areas of interest (please check all that apply):**

- Wetlands                       Work Study
- Barnes Butte                       Other: \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Please list any other names previously used: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you fluent in a language other than English?    YES            NO

If yes, please list languages: \_\_\_\_\_

Will you be here on a volunteer or intern/student basis?     Volunteer                       Intern/Student

*If Intern/Student what is your:*

School: \_\_\_\_\_ Projected year of graduation: \_\_\_\_\_

**PERSONAL REFERENCES (Do not include relatives)**

Name: _____	Relationship: _____	Day Phone: _____
Name: _____	Relationship: _____	Day Phone: _____

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

May we contact your current employer?    YES            NO

Have you ever been convicted of, plead guilty or no contest to a misdemeanor or felony?    YES            NO

If yes, please list dates, charges(s), locations (state and county of conviction), and any other information you feel should be considered in the evaluation of your application. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***In case of an emergency, please notify:***

\_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**VOLUNTEER WAIVER, RELEASE, & ASSUMPTION OF RISK**

Thank you for your willingness to volunteer for the City of Prineville. The City of Prineville (the "City") is committed to conducting its programs, services, and activities in a safe manner and holds the safety of City volunteers in high regard. However, volunteers and parents/guardians of minor volunteers must recognize that there is an inherent risk of injury when choosing to volunteer. You are solely responsible for determining if you or your minor child/ward are physically fit and/or adequately skilled to perform the volunteer activities.

**VOLUNTEER AGREEMENT:**

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 the City of Prineville 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 the City of Prineville and myself. I agree to comply with the policies, rules, regulations and procedures of the City of Prineville, 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 the City of Prineville.

**READ CAREFULLY BEFORE SIGNING**

I recognize and acknowledge that there are certain risks of physical injury to volunteers providing and/or engaging in volunteer activities for the City, and I voluntarily agree to assume the full risk of any and all injuries, death, damages, or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said volunteer activities. I further agree to waive and release all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of or related to the volunteer activities, against the City, its officials, officers, employees, agents, and/or other volunteers, collectively or individually.

I further declare that I am aware of the activity contemplated and the hazards connected therewith; understand that I may be a passenger in vehicles operated by City employees; and understand that I will be a guest and not a passenger for hire or other consideration.

I further authorize the person in charge to secure any necessary emergency medical services in the event that such are necessary and I am unable to make conscious and competent decision as to my need thereof. I further agree to pay for such services and to save the City and its employees harmless therefrom.

I agree that the City may use, reproduce, disclose, and distribute my name and/or likeness for City marketing purposes.  
\_\_\_NO

I have read and fully understand the above waiver and release and shall be binding on my heirs, executors, successors and assigns.

Print Volunteer's Name \_\_\_\_\_

Volunteer's Signature: \_\_\_\_\_  
*(Volunteer must be 18 years or older, OR Parent/Guardian signature is required.)*

Parent/Guardian signature (if applicable): \_\_\_\_\_

<i>OFFICE USE ONLY:</i>			
Date Received: _____	Date Background Check Completed: _____	By: _____	
Passed Background Check: <input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff Initials: _____	
Placed At: _____	Date: _____		
Date Entered into Database: _____	By: _____		

**PERSONAL HISTORY INQUIRY AUTHORIZATION, RELEASE, AND WAIVER**

To facilitate the City of Prineville’s assessment of my fitness to serve in the position of \_\_\_\_\_, I hereby authorize the City of Prineville, its officers, agents, assigns and employees to contact previous employers and other sources of information and to request, read, review or photocopy any and all information the City deems necessary to lawfully investigate my background for this position. This information may include, but is not limited to, my academic, residential, achievement, performance, attendance, disciplinary, employment history, and criminal history information.

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.

_____	_____
Applicant’s Name (Please Print):	Social Security Number:
	_____
	Date of Birth:
	_____
	Driver’s License Number:
	_____
_____	_____
Applicant’s Signature:	Date:

*If the above applicant is a minor, as the parent/guardian, I agree to the above statement in its entirety. I further give my permission for this applicant to be considered as a candidate for a volunteer position with the City of Prineville.*

_____	_____
Parent/Guardian Signature (if applicable):	Date:

<b>OFFICE USE ONLY:</b>		
Date Received: _____	Date Background Check Completed: _____	By: _____
Passed Background Check: <input type="checkbox"/> Yes	<input type="checkbox"/> No	Staff Initials: _____