



City of Springfield
 225 Fifth Street
 Springfield, Oregon 97477
 Ph: (541)726-3505 Fax: (541)726-4614
 An Affirmative Action/Equal Opportunity Employer

Application

- VOLUNTEER
- TEEN VOLUNTEER
- INTERN

Please Print

Name

Last First Full Middle

Address

City State Zip

Mailing Address (if different)

City State Zip

Preferred Phone / Type Secondary Phone / Type

DOB Driver's License # State E-Mail

Have you ever been convicted of a criminal act? Yes No

Are you now a City of Springfield employee? Yes No

Please provide a brief statement explaining why you are interested in volunteering with the City of Springfield.

Days/times you are available to volunteer: Mon Tue Wed

Thurs Fri Sat Sun Special Events/Boards _____

How many hours are you able to commit to volunteering each week? [Click for Choices](#)

How long can you commit to volunteering? [Click for Choices](#)

Do you want to volunteer in additional areas in the future? Yes No

May we contact you regarding other opportunities? Yes No

TEEM ADVISORY BOARD Ages 13-18 Only

Are you available the third Thursday of every month at 4:30 PM? Yes No

Are you between the ages of 13 and 19? Yes No



VOLUNTEER OPPORTUNITIES

Library

- Shelving
- Adopt A Shelf
- Computer Cleaning
- Material Processing

Youth Helper

Other

Support Groups

- Friends of the Library
- Library Board
- Arts Commission
- Library Foundation

Grant writing

Teen Advisory Board

- Technology Skills/Programing
- Gaming/Video Skills
- Writing
- Public Relations/Publicity

Other

Do you have any special interests or skills:

What position/Department are you applying to work within?

Do you speak, read or write a language other than English fluently? Yes No

If yes, which language(s) do you speak

Read

Write

How did you learn about the Volunteer Program? Choose an item.

PREVIOUS VOLUNTEER EXPERIENCE

Do you have any current or former volunteer experience (including community volunteering, internships, cooperative work experience, practicums or any other unpaid work experience)? Yes No If yes, please provide details below.

Agency:

Duties:

Agency:

Duties:

EMPLOYMENT HISTORY (Optional for Teen Volunteers)

Are you retired? Yes No If yes, occupation you retired from: _____

Are you currently employed? Yes No Are you seeking employment? Yes No If yes, part-time full-time

Please document your most recent employment below. Attaching a résumé to your completed application is encouraged but not required.

Employer:

Supervisor's Name:

Employer Address:

Employer Phone Number:

Job Title:

Dates of Employment From: Click here to enter a date. To Click here to enter a date.

Duties:

Reason for leaving:

Currently employed/have not left employment

Employer:

Supervisor's Name:

Employer Address:

Employer Phone Number:

Job Title:

Dates of Employment From: Click arrow to enter a date. To Click arrow to enter a date.

Duties:

Reason for leaving:

Currently employed/have not left

Any additional information / comments you would like to provide:

SCHOOL HISTORY

Do you have a high school diploma or equivalency? Yes No School:

List all schools attended and their location	Credits Completed	Type of degree earned	Course of study
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Any additional information / comments you would like to provide:

I certify the information in this application and attachments are true and complete to the best of my knowledge. I understand that false or misleading statements or missing information is cause for rejection of application, removal of name from eligible list, or dismissal from the program. I hereby waive my rights to claims or damages against any employer and the City of Springfield, its officers, agents, and employees, in regard to this exchange of information concerning my background. I hereby authorize and direct you to permit the City of Springfield and or the Springfield Police Department to review my criminal records and DMV records prior to my acceptance into Volunteer Program with the City of Springfield. I have reviewed the job description and meet the minimum requirements to volunteer in the desired position. I acknowledge that I will be enrolled in the Oregon State driving record Automated Reporting System (ARS) if my duties involve driving on city business. I also authorize to permit any materials listed above to be copied and retained by the City of Springfield and or the Springfield Police Department. I authorize the use of my photograph. I understand I am covered by Workers' Compensation or an excess medical policy while volunteering in an authorized capacity.

I will defend, indemnify and hold harmless the City of Springfield, its officers, employees, and agents from and against all liability or loss and against any and all claims, actions, causes of actions, proceedings or appeals based upon or arising out of or arising from or in connection with my conduct or performance as a volunteer with the City of Springfield including but not limited damage or injury to persons or property and including without limitation attorney fees and expenses; except for losses, claims or actions resulting from the sole negligence of the City of Springfield.

Signature:

(If under 18, Parent or Guardian Signature Required)

Date: June 12, 2015

Last updated 09/25/2014



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 225 Fifth Street
 Springfield, Oregon 97477
 Ph: (541)726-3705 Fax: (541)726-4614
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Employee: # _____
 Position # _____
Application
 Click for choice

To be completed by **CANDIDATE** – All information is **REQUIRED**

Full Legal Name _____
 Last First Full Middle

Physical Address _____
 City State Zip

Preferred Phone / Type _____ **Secondary Phone / Type** _____

DOB _____ **Driver's License #** _____ **State** _____ **E-Mail** _____

Type of Work

Department(s) of Interest
 City Manager's Office Courts Development & PW Finance Fire & Lift Safety
 Human Resources Information Technology Library Police
Other Language(s) Spoken: Willing to Translate: Yes No High Medium Low

Language 1: _____ Speak? Read? Write?

Emergency Contacts—Place list in order of preference

Name/Relationship

 Primary Ph# Cell Home Other

 Alternate Ph#

 City, State

Name/Relationship

 Primary Ph# Cell Home Other

 Alternate Ph#

 City, State

Name/Relationship

 Primary Ph# Cell Home Other

 Alternate Ph#

 City, State

INTERNSHIP ONLY
 School/Organization

 Sponsor/Contact name & Phone#

 Start & End Dates

By signing, I authorize the City of Springfield to use and/or disclose the above information in the case of an emergency, accident or illness that affects me.

Candidate Signature: _____

Date: **June 12, 2015**

To be completed by FACILITATOR

Assignment & Department: _____

Facilitator Name: _____ **Start & End Dates:** _____

Ph Ext.: _____

Picture: Taken & Emailed Needed

Requested Access: Computer* Time Card Email Notify IT New Badge

Name Change

Other: _____

Dept Drive Access/Name: _____

*** When computer access is granted, volunteers and interns will receive access to the Volunteer Drive and an I:Drive.**

On Line Learning Center System Access Requested

Notes: _____

- Facilitator is responsible for ensuring candidate has read and signed the City Policy Acknowledgment page on their first day. Return signed page to Human Resources.
- Facilitator must contact Human Resources at the end of service to update personnel records.
- Facilitator is also responsible for the return of ID Badges to HR.

Route completed form to Volunteer Coordinator c/o Human Resources KarLynn Akins at 4652.