

**CITY OF SALEM**  
**Department of Community Services**  
**Community Resources Division**  
**VOLUNTEER AGREEMENT**

**As a registered volunteer for the City of Salem Department of Community Services, Community Resources Division, you are considered an agent of the City of Salem. There is no monetary reimbursement; however, the City does provide the following benefits:**

1. The City of Salem provides volunteers with secondary medical insurance for accidental injury while the volunteer is actively working. This insurance is provided at no cost to the volunteer.
2. To the extent that the volunteer is acting in the course and scope of his or her assigned duties, the City of Salem will extend general liability coverage to Oregon's Tort limits to the volunteer.

**As a registered volunteer, you agree to meet the following requirements:**

1. Complete and submit the City's volunteer application/agreement.
2. Attend the training session(s) for volunteers.
3. Have the desire and patience in working with children/people of all ages to facilitate their physical, social, and psychological development.
4. Agree to uphold the program's philosophy, goals and guidelines.
5. Represent the City of Salem Department of Community Services, Community Resources Division, in a positive, constructive manner.
6. Be a good role model for the children, parents, and fellow colleagues.
7. Coordinate, supervise, and conduct all activities in an invigorating environment.
8. Follow the emergency and reporting procedures as outlined by your supervisor.
9. Communicate problems, suggestions, or concerns to you supervisor in a timely manner.

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

1. Name _____	Relationship _____	Day Phone _____
2. Name _____	Relationship _____	Day Phone _____

**GENERAL INFORMATION**

**Check the grades/ages with which you would like to work:**  
 ~ K-1 gr ~ 2-3 gr ~ 4-5 gr ~ 6-8 gr ~ 9-12 gr ~ Adult ~ Seniors

**Check the area of town or location where you would prefer:**  
 ~ West Salem ~ North Salem ~ Central/Downtown  
 ~ South Salem ~ East Salem ~ Other \_\_\_\_\_  
 ~ Coach ~ Asst. Coach ~ Instructor's Aide ~ Team Parent  
 If applicable, do you wish to coach your child's team? ~ Yes ~ No

**Please list your child's:**

Name	Grade	School

**POSITIONS/PROGRAMS AVAILABLE**

- |                            |                                   |
|----------------------------|-----------------------------------|
| ~ Fall Youth Soccer        | ~ Environmental Education         |
| ~ Winter Youth Basketball  | ~ REACH Club Program              |
| ~ High School Basketball   | ~ POWER Program (MS after school) |
| ~ Spring Youth Soccer      | ~ STOMP Campaign                  |
| ~ Summer Sports Camp       | ~ Gang Intervention Project       |
| ~ Mini Soccer              | ~ Special Events                  |
| ~ Summer Basketball League | ~ Summer BLAST Camps              |
| ~ All Comer Track Meets    | ~ Office Assistant                |
| ~ Swim Lesson Aide         | ~ Salem Senior Center             |
| ~ City Swim Club Volunteer | ~ Other: _____                    |
| ~ Pool Office Staff        | ~ Other: _____                    |

I certify that all answers to the questions and statements on the volunteer agreement, attachments, and/or information provided in interviews are true and complete to the best of my knowledge.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only	<input type="checkbox"/> Direct Insured	<input type="checkbox"/> Direct Uninsured	<input type="checkbox"/> Supplemental Labor
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