



555 Liberty Street SE, Salem, OR 97301-3503

VOLUNTEER APPLICATION

Position applied for or area of interest:
A new application must be submitted for each program in which an individual is volunteering.

Name: (Last) (First) (Middle)

Please list any other names previously used:

Social Security Number: Date of Birth / /

Home Address: City: State: Zip:

Mailing Address (if different from above): City: State: Zip:

Home Phone: E-Mail:

Employer Name: Phone:

Employer Address: City: State: Zip:

May we contact you at work? " Yes " No
List other states where you have resided as an adult (over 18 years of age):
Driver's License Number/State/Type:
Expiration Date Month/Year:
Is your license currently suspended? " Yes " No

Do you have health insurance? " Yes " No Policy # Exp. Date

Company: Primary Insured:

In case of an emergency, please notify:

Relationship: Phone:

Address: City: State: Zip:

Have you ever been convicted of, plead guilty or no contest to a misdemeanor or felony?
If yes, please give dates, charge(s), location (state and county of conviction), and any other information you feel should be considered in the evaluation of your application. Also include in your answer any warnings or convictions or any alcohol/drug related driving offenses. Attach explanation on a separate sheet of paper.

I have read the statements on the reverse side of this document, reviewed all of the information provided, and any attachments or supporting documents. I agree that a copy of this document is as valid as the original.

Applicant's Signature Date

If the above applicant is a minor under the age of 18, as the parent/guardian, I agree to the above statements in their entirety. I further give my permission for this applicant to be considered a candidate for a volunteer position with the City of Salem.

Parent/Guardian Signature Date