

Parks and Recreation Volunteer Application

RETURN COMPLETED FORM TO:

I am volunteering for Parks

City of Salem, Parks and Recreation
Attn: Amanda Sitter
1457 23rd St SE, Salem OR 97302
503-588-6336
Email: asitter@cityofsalem.net

I am volunteering for Recreation

City of Salem, Parks and Recreation
Attn: Melinda Moon
1457 23rd St SE, Salem OR 97302
503-588-6261
Email: mmoon@cityofsalem.net

Position applied for, or area of interest _____

A new application must be submitted for each program in which an individual is volunteering. Volunteer positions require a background check. Criminal history may disqualify you for volunteering with the City of Salem (hereinafter "City").

The City will not publicly disclose the information provided by the applicant for the background check, subject to the requirements of Oregon public records law.

Last Name* _____ First Name* _____ Middle Initial _____

Date of Birth* (MM/DD/YYYY) _____ Email* _____

Home Address* _____
City State Zip

Previous Home Address (County/State if outside of Oregon) in past 7 years

Phone* _____ Drivers License# _____ State _____

** Items with an asterisk are required.*

VOLUNTEER INFORMATION/RELEASE

Your signature below authorizes the City and Criminal Information Services, Inc. (hereinafter "CRIS") to conduct a criminal background investigation about you by obtaining information about you from various law enforcement agencies, courts, and corrections agencies. The Criminal Background Check investigation will include, but is not limited to, a nationwide search for all municipal, county, state, and federal criminal history, will encompass at least the previous seven (7) year period, and will include all entries wherein you are mentioned as being arrested, cited, or charged, for any crime, violation infraction, or offense, including all dispositions of the matters; any entry naming you as a suspect in any crime, violation, infraction, or offense, including all dispositions of the matters; and any entry naming you as a witness, victim, complainant, or otherwise involved in or named in any report by any member agency of the City.

I have reviewed and completed this form as applicable to me, and I understand this revocation must be made in writing. I give the City and CRIS permission to verify any information I have provided. This authorization shall continue to be effective until revoked by me. A photocopy or facsimile copy of this consent shall be as effective as the original. By my signature, I affirm that all information on this form is true and accurate.

I, and all of my successors and heirs, hereby forever release the City, its member agencies, and all of their officers and employees, from any liability or damage, either direct or indirect, which may result from furnishing the information requested and will hold harmless the City for the provision or use of any information so obtained regardless of whether it should be later proven to be factual or not factual.

Applicant Signature _____ Date _____

Printed Name _____

If the above applicant is under 18 years of age, as the parent/guardian, I agree to the above statements in their entirety.

Parent/Guardian Signature _____ Date _____

Printed Name _____

In case of Emergency, please notify: _____
First Last Name / Phone #

Parks and Recreation Volunteer Agreement

I certify that all answers to the questions and statements on the Volunteer Application, Information/Release Form, Agreement, attachments, and/or information provided in interviews are true and complete to the best of my knowledge.

I understand that if I am retained as a volunteer with the City I cannot expect to continue volunteering or to automatically be retained on a regular basis. As a volunteer, I understand that I have no due process rights with respect to property interests to the volunteer assignment.

I understand that should the City learn, at any time, of any untruthful, misleading, falsified, or omitted answers, my volunteer application may be rejected, my name removed from consideration, and my volunteering will be terminated.

I authorize the City to use, reproduce, disclose, and distribute my name and/or likeness for City marketing purposes.

As a registered volunteer, I agree to meet and abide by the following requirements:

- Complete and submit the City's Volunteer Application, Information/Release, and Agreement.
- Agree to uphold the program's philosophy, goals, and guidelines.
- Represent the City in a positive, constructive manner.
- Coordinate, supervise, and conduct all activities in a positive environment.
- Follow the emergency and reporting procedures as outlined by the Volunteer Lead.
- Communicate problems, suggestions, or concerns to the Volunteer Lead in a timely manner.
- City of Salem Staff agree to follow the Standard Operating Procedure (hereinafter "SOP"). A copy of the SOP is available upon request.

As a registered volunteer for the City, I understand I am an agent of the City. I understand there is no monetary reimbursement; however, the City does provide the following:

1. Secondary medical insurance is provided at no cost to the volunteer and is for accidental injury while actively volunteering in an assigned position.
2. To the extent that the volunteer is acting in the course and scope of the assigned duties, the City will extend general liability coverage to Oregon's tort limits to the registered volunteer.

Non-Discrimination Statement

It is the City of Salem's policy to assure that no person shall be discriminated against on the grounds of race, religion, color, sex, marital status, familial status, national origin, age, mental or physical disability, sexual orientation, gender identity, source of income, as provided by Salem Revised Code Chapter 97. The City of Salem also fully complies with Title VI of the Civil Rights Act of 1964, and related statutes and regulations, in all programs and activities.

I have read the statements related to the Volunteer Application, the Volunteer Information/Release Form, and the Volunteer Agreement, as well as 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 Signature _____ **Date** _____

If the above applicant is under 18 years of age, 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.

Parent/Guardian Signature _____ **Date** _____