



ADULT VOLUNTEER REGISTRATION FORM
FACILITY/PROGRAM: LOACC DATE: _____

Thank you for your interest in our programs! The information on this form will help us find the most satisfying and appropriate volunteer service for you. Your cooperation in completing it fully is most appreciated. Since volunteer service with Lake Oswego Parks & Recreation may bring you into direct contact with our program participants and/or information regarding participants, some of the questions asked below are sensitive in nature. You may be assured all personal information you share with us is considered confidential information. Please feel free to ask staff questions regarding any part of the form which is not clear to you or if you need any accommodation or assistance with any part of our application process.

Name _____ Home Phone _____

Address _____ Work Phone _____

E-Mail Address _____ Cell Phone _____

Date of Birth _____ ODL# _____

Emergency Contact Person: _____ Emergency Contact Phone: _____

EMPLOYMENT HISTORY

This section must be completed entirely. Do not substitute a resume. List your current or most recent job experience, *paid or unpaid*. Include volunteer jobs that you wish to have considered as part of your qualifications for the position you are seeking. If more space is needed, additional pages can be added.

Name of Present or Last Employer		Address:		Phone:	
Kind of Business:	Part Time: <input type="checkbox"/> Full Time: <input type="checkbox"/> Volunteer: <input type="checkbox"/>		Dates of Employment:		
	Salary:		From:	To:	
Reason for Leaving:	Supervisors Job Title:	Name of Supervisor:		May we contact?	
				YES <input type="checkbox"/> No <input type="checkbox"/>	
Job Title (present or last):					
Job Duties:					

Please list other skills, training, interests or hobbies (crafts, music, drama, languages, computers, etc.)

PLEASE LIST TWO PERSONAL OR PROFESSIONAL REFERENCES BELOW

Name _____ Phone _____

Name _____ Phone _____

PLEASE COMPLETE REVERSE SIDE

VOLUNTEER ABILITIES & INTERESTS

Areas of Training, Skill, Hobbies, Interest - Check all that Apply

<ul style="list-style-type: none"><input type="checkbox"/> Art<input type="checkbox"/> Blood Pressure Checks<input type="checkbox"/> Committees/Boards<input type="checkbox"/> Computer/Data Entry<input type="checkbox"/> Drive for Day Trips<input type="checkbox"/> Drive Regularly Scheduled Routes Weekly<input type="checkbox"/> Drive/Deliver Meals on Wheels<input type="checkbox"/> Drive for Medical Escorts<input type="checkbox"/> Entertainment: Sing_____Play Instrument_____<input type="checkbox"/> Other_____	<ul style="list-style-type: none"><input type="checkbox"/> Fundraise<input type="checkbox"/> Assist with Large Mailings<input type="checkbox"/> Respite Program Activity Volunteer/Guest<input type="checkbox"/> Serve Meals<input type="checkbox"/> Shop for Housebound<input type="checkbox"/> Plan/ Assist with Special Events/Seasonal<input type="checkbox"/> Tax Preparation<input type="checkbox"/> Teach Classes_____<input type="checkbox"/> Other_____
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VOLUNTEER ASSIGNMENT PREFERENCE

Kind of Volunteer Assignments Desired (In order of preference)

1. _____
2. _____
3. _____

Do you have any current physical/medical limitations that should be considered in choosing your volunteer assignment (s)? If yes, please give details:

What do you most look forward to from your volunteer experience?

CONFIDENTIALITY NON-SOLICITATION STATEMENT AND RELEASE AGREEMENT

(Please read carefully):

I recognize, understand and respect the need and importance for a person's privacy. All personal information pertaining to any individual I serve as a volunteer will be kept in strict confidence. If I have any concerns regarding the welfare of anyone I serve, I will discuss the matter with the appropriate Center staff.

As a volunteer representing the City, it is inappropriate to endorse, promote, or solicit a product or service.

I, the Volunteer, and on behalf of myself, my heirs and personal representative, do acknowledge and affirm:

-I will abide by instructions of the Project Supervisor(s) and Leader(s)

-I will abide with City policies at all times I am providing volunteer services, including but not limited to:

-Abide by the Parks & Recreation Volunteer Code of Conduct

-Always act in a respectful and courteous manner

-Be safety conscious at all times

-Reporting any injuries incurred to the Project Supervisor

-Use of alcohol and controlled substances is absolutely prohibited

I have read and agree to the attached Volunteer Terms for Agreement and Release

Signature_____

Date_____

1. Physical and Site Risks; Medical Consent
 - **All volunteer activities are subject to some degree of risk of harm** (injury or death).
 - If the project is described as “physical”, the volunteer should consult with the Project supervisor to ascertain the extent of physical labor required. It is recommended that the volunteer notify the Project supervisor of any physical limitations the volunteer may have in carrying out the Project work. **I affirm that I am physically able to perform the volunteer activities. If at any time I believe that I may not be able to perform any activity, I shall promptly notify the Project supervisor and I will not engage in any activity that I believe I am not physically able to perform.**
 - If the project is described as “outdoor”, the site conditions are outside the control of the City and may present known, visible hazards **as well as** unknown, undisclosed hazards.
 - The City may provide tools for use during the Project. I will use the loaned tools only during work on the Project. I acknowledge that I will not use the tools if I have any questions on the manner of operation of the tools. I will be responsible for return of the tool at the end of the Project in the condition provided to me, subject to reasonable wear and tear as caused by use on the Project.
 - The City does not provide medical insurance for any volunteer.
 - In the event of accident, illness, injury, or other physical impairment during my service, I authorize the employees of the City to consent to emergency medical transportation and/or treatment, including but not limited to surgical or dental examination and treatment, whether administered by City personnel (including other volunteers) or third party medical personnel. I give permission to be treated by a professional medical person and admitted to a hospital, if necessary. I agree to be the party responsible for all medical expenses incurred in my behalf.
2. To the extent the Volunteer is acting within the scope of the project, the City will defend, save harmless, and indemnify the Volunteer against any tort claim or demand, whether groundless or otherwise, arising out of an alleged act or omission occurring in the performance of duty, to the extent required by ORS 30.285. This indemnification does not apply in cases of malfeasance, or willful or wanton neglect of duty.
3. If I will be driving and/or my vehicle will be used in providing the volunteer services,
 - The vehicle will be of the private passenger type only.
 - The vehicle will be operated at all times in accordance with the traffic laws of the State of Oregon. (The City will not reimburse traffic fines.)
 - The vehicle will be maintained in good mechanical condition.
 - I will be the driver at all times while the vehicle is used in providing my volunteer services.
 - If I am involved in an accident or incur a mechanical breakdown or similar situation that prevents or delays completion of my assignment, I will notify the person who authorized the trip as soon as possible.
 - I possess and will maintain a valid Oregon Driver’s License.
 - I have obtained and will maintain liability and property damage insurance as required by Oregon State law at all times the vehicle is used for volunteer services; I will not drive any uninsured automobile while engaged in volunteer activities. I understand that in the event of an accident, the volunteer’s personal auto coverage is the primary insurance coverage against third party claims.
 - The City is authorized to obtain my driving record for purposes of determining if I qualify under City policies to operate motor vehicles for my volunteer activities.
4. If requested by the Project Supervisor, I will complete a Background Check form to determine if I am qualified under the department policies to act as volunteer for the Project.
5. I grant permission to the City of Lake Oswego, and its departments, agents or employees, to use photographs and/or video taken of the above named on the date and at the location listed below for use in City publications promoting the activities and purposes of the referenced Project, including the use of such photographs and/or video in brochures, newsletters, Internet, display boards, and magazines, and to use such photographs and/or video in electronic versions of the same publications or on City web sites or other electronic forms or media. I hereby waive any right to inspect or approve the finished photographs and/or video or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph and/or video.