



**VOLUNTEER APPLICATION**

Mail to: PO Box 2260, Oregon City, OR 97045  
 Fax 503-650-5722

Offices at Public Services Building  
 2051 Kaen Road Oregon City OR 97045  
 Phone 503-650-5779 TTY 503-650-5646

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_F  
Mo. Day Year

Emergency name and phone number: \_\_\_\_\_

Do you speak any languages other than English? Please list: \_\_\_\_\_

Race/Ethnicity (optional): — African Amer. \_\_ Am. Indian \_\_ Asian \_\_ Caucasian \_\_ Hispanic \_\_ Pacific Islander  
 Other \_\_\_\_\_

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How did you hear about us? \_\_\_\_\_

Is there a specific volunteer program or position that interests you? \_\_\_\_\_

When are you available to volunteer? # hours per week:\_\_\_\_ Preferred days & times:\_\_\_\_\_

Days not available:\_\_\_\_\_ Time commitment: \_\_3 Months \_\_6 Months \_\_1 Year \_\_Indefinitely

Present/previous volunteer & work experience \_\_\_\_\_

\_\_\_\_\_

Do you have any health/physical restrictions? \_\_\_\_\_

**Transportation:** \_\_ Walk \_\_ Carpool/Van \_\_ Bus \_\_ Drive car or motorcycle

**Do you currently volunteer with any Clackamas County Department?**  Yes  No  
*This helps us eliminate duplication of volunteer insurance coverage. If so, which department?* \_\_\_\_\_

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All information on this application is true to the best of my knowledge. I release, indemnify and hold harmless Clackamas County, its officers, agents and employees from any and all claims, actions and demands that may arise from my actions as a volunteer. I also understand that my volunteer involvement can be terminated at the discretion of the agency at any time. I understand that if I use my personal vehicle to and from my volunteer position, that I am agreeing to keep in effect automobile liability insurance equal to or greater than the minimum required by the state of Oregon. (If volunteer is under 18 years of age, signature of parent or guardian is required.)

\_\_\_\_\_  
**Volunteer Signature** **Parent/Guardian Signature** **Date**

**For office use only:**

DATE RECEIVED \_\_\_\_\_ VOLUNTEER POSITION \_\_\_\_\_ ORGANIZATION \_\_\_\_\_ STAFF INITIALS \_\_\_\_\_

ORIENTATION DATE \_\_\_\_\_ BACKGROUND CHECK SENT \_\_\_\_\_ ENTERED IN VR \_\_\_\_\_ ENTERED IN VR \_\_\_\_\_