

City of Wilsonville Volunteer Application

Contact Information		
Name		
Street Address		
City, State, Zip Code		
Phone		
E-Mail		
Availability		
During which hours are you availal	ble for volunteer assignmer	nts?
Monday:	Tuesday:	Wednesday:
Thursday:	Friday:	
Interests		
Tell us in which programs or event	s you are interested in volu	Inteering
Home Delivered Meals Driver		Library Programs
Senior Nutrition Program Lunc	h Server	
Senior Companion		Park Maintenance/Clean Up
Senior Transportation		
Senior Home Projects (yard w	ork, home maintenance, et	c)
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WERK Day (annual communit	y park clean-up day – take	s place the second Saturday of May)
City-Sponsored Community Ev	vents (occur throughout the	e year and include: Reindeer Romp 5k run, Spaghetti
Dinner Benefit for Community	Sharing, Community Healt	h Fair and more)
Special Skills or Qualification		
Please list any languages you spea	ak in addition to English:	
Please list any computer programs	you are comfortable using	:

Volunteer Experience

Summarize your related experience and past volunteer roles:

Explain why do you want to volunteer:

Emergency Contact	
Name	
Relationship	
Phone	
Email	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, disability, or any other protected class.

Agreement and Signature

I, ______, agree to serve as a volunteer for the City of Wilsonville. In so volunteering, I understand that such activity may involve risks of injury, loss, or damage to myself and others. By signing this agreement, I expressly agree to assume any and all such risks. I understand the nature of acts I am to perform as a volunteer and certify that I have taken all necessary precautions to be certain that I am in proper condition to participate in such activities. In addition, in consideration for being permitted to perform volunteer activities, I understand, accept and agree to the following:

- 1. I hereby release, indemnify and hold harmless the City of Wilsonville, its officers, employees, and agents from any and all claims, action, demands, loss, cost or expense including attorney fees, for damages or personal injury to myself or damage to any property owned by me or others as a result of my performing volunteer activities under the auspices of the city of Wilsonville.
- I understand that I am covered by the City's General Liability Insurance, which, subject to the terms thereof, cover liability arising from my acts as volunteer that are within the course and scope of my assigned duties. I understand and accept that I am NOT covered by the City's Workers Compensation Program and will look to my own health insurance.
- 3. If I drive a motor vehicle as part of my volunteer duties, I hereby warrant that I have a valid Oregon Driver's license and auto insurance, and am limited to that insurance for coverage for driving related activities.
- 4. I warrant that I have read and I agree to comply with all of the policies and other provisions of the City's Volunteer Handbook. I understand that as a volunteer, I may come into contact with or possession of personal information about persons served by City departments. I understand that such personal information is treated as confidential and agree not to share such information with others, except as I may be directed by a supervisory employee of the City. If I am in doubt as to whether personal information is confidential in a particular case, I agree to keep the information confidential until such time as a supervisory employee determines that it is not.
- 5. I grant full permission to the City for use of any photographs, videotapes, recording or any other record of my volunteer acts for any purpose.

Printed Name of Volunteer

Signature

Date

Printed Name of Parent/Guardian (if volunteer is under 18)

Signature

Date