

# City of Florence

## Volunteer Registration Form

Thank you for your interest in volunteering for City of Florence. We look forward to partnerships with volunteers to enable us to effectively serve the citizens of our community. In order to ensure the safety of our volunteers and protect the interests of City of Florence, we require potential volunteers to complete this questionnaire form and participate in a background check (for select positions).

If you have questions while completing the form, please contact Human Resources (541-590-4012) or the Volunteer Department Coordinator.

Thank you for volunteering!

Name		Daytime Phone	
Address		Evening Phone	
City/Zip		Email	

**VOLUNTEER ACTIVITY**

Please describe the type of volunteer work you are interested in performing, activity/event, or group that you wish to volunteer for.

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**REFERENCES (Police Auxiliary only)**

Please list two references that are NOT related to you and that have knowledge of your relevant experience for the type of volunteer activity you are interested in.

Name	Phone Number	Relationship

**EMERGENCY INFORMATION**

Name and contact information for the person(s) to reach in the event of an emergency.

Name	Phone Number	Relationship

# Volunteer Agreement and Signature

*I understand and agree to the following:*

- I will keep all issues pertaining to city business confidential.
- I may be subject to background and motor vehicle record checks.
- I will adhere by OR-OSHA safety standards and training I am provided.
- I have read and understand the Volunteer Policy.

I hereby certify that the facts set forth in this volunteer registration are true to the best of my knowledge. I agree that if the information given in my registration, resume, or any other materials, or during any interview, is found to be false in any way, it shall be considered sufficient cause for denial of volunteer status. I understand that City of Florence is not obligated to appoint me to a volunteer position and that nothing contained in the volunteer registration form is intended to create a contract between City of Florence and me. In addition to the above items, I agree to comply with the policies, rules, regulations, and procedures of City of Florence, which I understand may change at any time and I understand that my volunteer status can be terminated with or without cause or notice, at any time, at the option of either me or City of Florence.

I understand that volunteer applicants will be considered on an equal basis for all positions without regard to age, disability, race, color, national origin, sex, sexual orientation, gender, gender identity, veteran status, military status, association with members of a protected class, or any other protected class or work relationship recognized by Oregon or federal law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

## REQUIRED FOR ALL MINORS:

### PARENT OR GUARDIAN'S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT

I, \_\_\_\_\_, as parent or legal guardian, hereby grant permission for \_\_\_\_\_ to do volunteer work for City of Florence.

In the event of an emergency, accident, or illness, I authorize City of Florence and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date