



City of Springfield
 225 Fifth Street
 Springfield, Oregon 97477
 Ph: (541)726-3705 Fax: (541)726-4614
 An Affirmative Action/Equal Opportunity Employer

Application
 VOLUNTEER
 TEEN VOLUNTEER
 INTERN
 CONTRACTED LABOR

Please Print

Name _____
 Last First Full Middle

Address _____
 City State Zip

Mailing Address (if different) _____
 City State Zip

Preferred Phone / Type _____ Secondary Phone / Type _____

DOB _____ Driver's License # _____ State _____ E-Mail _____

Have you ever been convicted of a criminal act? Yes No Have you ever been employed by the City of Springfield ? Yes No

Please provide a brief statement explaining why you are interested in volunteering with the City of Springfield.

Days/times you are available to volunteer: Mon _____ Tue _____ Wed _____ Thurs _____
 Fri _____ Sat _____ Sun _____ Special Events _____

How many hours are you able to commit to volunteering each week? 3-5 6 -10 11 -14 15 - 20 20+

How long can you commit to volunteering? At least 3 months At least 6 months At least one year Eighteen months+

Do you want to volunteer in additional areas in the future? Yes No May we contact you regarding other opportunities? Yes No

INTERNSHIP COOPERATIVE WORK EXPERIANCE

Are you applying to earn high school or college credit through volunteering? Yes No

- Name of school and program: _____
- How many hours per week are required? _____ Total hours are required? _____

What term would you prefer your internship to be: Fall Term Winter Term Spring Term Summer Term

VOLUNTEER OPPORTUNITIES

If you have any special skills/talents to offer, please mark the box in front of each relevant area below.

- | | | | |
|-----------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Research | <input type="checkbox"/> Citizen Patrol |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Photography | <input type="checkbox"/> Fire and Life Safety | <input type="checkbox"/> Library |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Proofreading/Editing | <input type="checkbox"/> Vehicle Maintenance/Fleet | <input type="checkbox"/> Phone Calling |
| <input type="checkbox"/> Customer Service/Reception | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Relations/Publicity | <input type="checkbox"/> Writing (newsletter articles) |
| <input type="checkbox"/> Data Entry/Typing | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Recruiting | <input type="checkbox"/> Other _____ |

Typing speed ____WPM Can you operate a computer? Yes No Which software programs can you operate proficiently?

Microsoft Word Microsoft Access Microsoft Excel Microsoft PowerPoint Microsoft Publisher

Other software programs you can operate: _____

What position/Department are you applying to work within? _____

Do you speak, read or write a language other than English fluently? Yes No

If yes, which language(s) do you speak _____ Read _____ Write _____

- How did you learn about the Volunteer Program? Internet Friend SPD Volunteer Citizens' Police Academy Flyer
 School Volunteer Outreach/Recruitment Booth City of Springfield employee Register Guard TV coverage Other

VOLUNTEER EXPERIENCE

Do you have any current or former volunteer experience (including community volunteering, internships, cooperative work experience, practicums or any other unpaid work experience)? Yes No If yes, please provide details below.

Agency: _____ Duties: _____

Agency: _____ Duties: _____

EMPLOYMENT HISTORY

Are you retired? Yes No If yes, occupation you retired from: _____

Are you currently employed? Yes No Are you seeking employment? Yes No If yes, part-time full-time

Please document your most recent employment below. Attaching a résumé to your completed application is encouraged but not required.

Employer: _____ Supervisor's Name: _____

Employer Address: _____ Employer Phone Number: _____

Job Title: _____ Dates of Employment From: _____ To: _____

Duties: _____

Reason for leaving: _____ Currently employed/have not left employment

Employer: _____ Supervisor's Name: _____

Employer Address: _____ Employer Phone Number: _____

Job Title: _____ Dates of Employment From: _____ To: _____

Duties: _____

Reason for leaving: _____ Currently employed/have not left employment

SCHOOL HISTORY

Do you have a high school diploma or equivalency? Yes No School _____

List all schools attended and their location	Credits Completed	Type of degree earned	Course of study
----------------------------------------------	-------------------	-----------------------	-----------------

_____	_____	_____	_____
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_____	_____	_____	_____
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Any additional information / comments you would like to provide: _____

I certify the information in this application and attachments are true and complete to the best of my knowledge. I understand that false or misleading statements or missing information is cause for rejection of application, removal of name from eligible list, or dismissal from the program. I hereby waive my rights to claims or damages against any employer and the City of Springfield, its officers, agents, and employees, in regard to this exchange of information concerning my background. I hereby authorize and direct you to permit the City of Springfield and or the Springfield Police Department to review my criminal records and DMV records prior to my acceptance into Volunteer Program with the City of Springfield. I have reviewed the job description and meet the minimum requirements to volunteer in the desired position. I acknowledge that I will be enrolled in the Oregon State driving record Automated Reporting System (ARS) if my duties involve driving on city business. I also authorize to permit any materials listed above to be copied and retained by the City of Springfield and or the Springfield Police Department. I authorize the use of my photograph. I understand I am covered by Workers' Compensation or an excess medical policy while volunteering in an authorized capacity.

I will defend, indemnify and hold harmless the City of Springfield, its officers, employees, and agents from and against all liability or loss and against any and all claims, actions, causes of actions, proceedings or appeals based upon or arising out of or arising from or in connection with my conduct or performance as a volunteer with the City of Springfield including but not limited damage or injury to persons or property and including without limitation attorney fees and expenses; except for losses, claims or actions resulting from the sole negligence of the City of Springfield.

Signature: _____ Date: _____

(If under 18, Parent or Guardian Signature Required)

Last updated 09/25/2014



City of Springfield

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Employee: # _____

Position # _____

NON-EMPLOYEE PROFILE

Request for Services

- VOLUNTEER
- TEEN VOLUNTEER
- INTERN / CONTRACTED LABOR

To be completed by **CANDIDATE** – All Information is **REQUIRED**

Full Legal Name: _____
(First) (Middle) (Last)

Physical Address: _____
(Street, Apt)

(City) (State) (Zip)

DOB: _____

Preferred Phone #: _____ Cell Home

Type of Work: _____

INTERNSHIP ONLY

School/Organization Name: _____

Sponsor/Contact Name & Phone #: _____

Start & End Dates: _____

- Department(s) of Interest**
- City Manager's Office
 - Finance
 - Courts
 - Information Technology
 - Fire & Life Safety
 - Police
 - Library
 - Development & PW
 - Human Resources

Other Language(s) Spoken: _____ Willing to Translate? YES NO (High/Medium/Low)
Language 1: _____ Speak? _____ Read? _____ Write? _____

Emergency Contacts – Please list in order of preference

Name / Relationship: _____	Name / Relationship: _____	Name / Relationship: _____
Primary Ph#: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other	Primary Ph#: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other	Primary Ph#: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other
Alternate Ph#: _____	Alternate Ph#: _____	Alternate Ph#: _____
City, State _____	City, State _____	City, State _____

By signing, I authorize the City of Springfield to use and/or disclose the above information in the case of an emergency, accident or illness that affects me.

Candidate Signature: _____ **Date:** _____

To be completed by FACILITATOR

Assignment & Department: _____

Facilitator Name: _____ **Start & End Dates:** _____

Ph Ext.: _____ **Staff Approving Time Card:** _____

Picture: Taken & Emailed Needed

Requested Access: Computer* Time Card Email Name Change Notify IT New Badge

Other: _____
Dept Drive Access/Name: _____

On Line Learning Center System Access Requested

*When computer access is granted, volunteers and interns will receive access to the Volunteer Drive and an I:Drive.

Notes: _____

- Facilitator is responsible for ensuring candidate has read and signed the City Policy Acknowledgment page on their first day. Return signed page to Human Resources.
- Facilitator must contact Human Resources at the end of service to update personnel records.
- Facilitator is also responsible for the return of ID Badges to HR.

