

# CITY OF ROSEBURG VOLUNTEER APPLICATION

**DIRECTIONS** Please print or use a typewriter. Answer all questions. If the question does not apply to you or the department program you are applying for, mark it "N/A". If additional space is needed, please attach a separate sheet.

1. Dated: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Last
First
Middle

Is any additional information relative to change of name, assumed name or nickname necessary to enable a check on your work or education history? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Explain \_\_\_\_\_

3. Address: \_\_\_\_\_  
Street – P.O. Box
City
State
Zip Code

Telephone Number: \_\_\_\_\_ Second Telephone Number: \_\_\_\_\_

4. Are you now or do you expect to be engaged in any other volunteer activities?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

5. Volunteers for the City of Roseburg must be at least 18 years of age. Are you able to meet this requirement? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Police Reserve Program Volunteers must be at least 21 years of age. Can you meet this requirement? Yes \_\_\_\_\_ No \_\_\_\_\_

6. List any relatives currently employed by the City of Roseburg: \_\_\_\_\_

7. If the position for which you will volunteer requires a valid Oregon Driver's License, can you meet this requirement? Yes \_\_\_ No \_\_\_ Oregon License No. \_\_\_\_\_

8. EDUCATION RECORD: If now in school, include present term.  
 1 2 3 4 5 6 7 8 9 10 11 12 (circle highest grade completed.)  
 NAME OF SCHOOL \_\_\_\_\_ CITY AND STATE \_\_\_\_\_

List other schooling including college, technical school, correspondence courses and other relevant experience.

SCHOOL	MAJOR SUBJECT	UNITS COMPLETED	DEGREE

9. **EMPLOYMENT HISTORY:** Beginning with your present or most recent job, describe your work history and experiences related to the position for which you are applying. INCLUDE ALL MILITARY, NON-PAID OR VOLUNTEER WORK RELATED TO THE POSITION. If additional space is needed, attach a separate sheet of paper.

Present or Last Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
May We Contact Your Present Employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Your Job Title: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_  
Employment Dates: From \_\_\_\_\_ to \_\_\_\_\_  
Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

10. List any special training, licenses, certificates, machine skills, office equipment or other skills you may have that are pertinent to the position for which you are applying.

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11. Have you ever been convicted of a crime? Yes \_\_\_\_ No \_\_\_\_\_. If so, please explain fully (exclude those cases contained within an expunged juvenile record and minor traffic violations). Conviction does not necessarily disqualify you from further consideration for a volunteer position.

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12. Please list two individuals who can provide information regarding your suitability for a volunteer position with the City of Roseburg.

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*I authorize investigation of all statements contained in this application, and I release the City, its officers, directors, employees and agents, from any liability, claim or damage arising from that investigation. I understand that any misrepresentation or omission of fact in this application or during the application process will result in termination of any volunteer position I might hold.*

*If I become a volunteer, I agree to conform to all rules and regulations of the City. I understand that, as part of the City's operating procedures, any volunteer position is contingent upon my ability to perform the essential functions of the position with or without reasonable accommodation.*

SIGNATURE OF APPLICANT: \_\_\_\_\_

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