NAME

POSITION APPLIED FOR

CITY OF TOLEDO, OREGON

Volunteer Application

The City of Toledo is an Equal Opportunity Employer
and does not discriminate

Return to:

Toledo City Hall
206 N. Main Street, P.O. Box 220 - Toledo, Oregon 97391
Phone (541) 336-2247 - Fax: (541) 336-3512
Hours: 8am to 5pm, Monday - Thursday
Website: www.cityoftoledo.org
email: administration@cityoftoledo.org

Received by:

Date:

CITY OF TOLEDO

APPLICATION FOR VOLUNTEERS

Position Applied for: _____

Date: _____

Last Name First Name Middle Name

Address

City State

Zip

Phone # Email

☐ Yes ☐ No

Have you ever been convicted, pled Guilty or No Contest, or forfeited bond or bail for any crime other than traffic violations?

If yes, please explain. (Conviction does not necessarily disqualify you from a volunteer position).

Have you worked for or previously been a volunteer for the City of Toledo? ☐ Yes ☐ No

If yes, what position and when?

Volunteer/Committee Experience

GENERAL BACKGROUND:

QUALIFICATIONS:_____

_____

_____

_____

EXPERIENCE:_____

_____

_____

_____

COMMENTS OF INTEREST:

WHY SEEKING POSITION:_____

_____

_____

_____

COMMUNITY INVOLVEMENT:_____

_____

_____

_____

Certification of Information, Authorization and Release

CAUTION: Read before signing

Authorization – I hereby authorize and direct you to permit the City of Toledo and their representative(s) to review my credit records, employment records, educational records, driving records, juvenile and adult criminal records as part of a background investigation being conducted prior to my possible volunteering with the City of Toledo. I also authorize you to permit any materials listed above to be copied and retained by the City of Toledo.

Initial: _____

Release of Agency Providing Information from Liability– I hereby release you, your organization and any of its agents, employees, or representatives from any and all liability or damage, which may result from furnishing the above requested information.

Initial: _____

Release of City from Liability – I hereby exonerate, release, discharge, and hold harmless the City of Toledo, its officers, agents, or assigns, now and in the future, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents or assigns, for:

1. Maintaining the confidentiality and refusal to make available any and all information contained or gained as part of this pre-volunteer investigation, including but not limited to the identity of any persons or organizations who may have supplied information in the course of this investigation, and
2. Their refusal to make available the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration, and
3. The City's actions taken based on the information gathered as part of the background check.

Initial: _____

By my signature below, I:

Authorize the investigation of all matters which the City of Toledo, referred to as the "City" deems relevant to my qualifications as a volunteer including all statements made in this application and in any attachments or supporting documents and in any interviews, including but not limited to personal history, academic records, job performance, and driving and criminal history, to ascertain any and all information which may concern my character, whether same is of record or not. I release your organization and all persons whomsoever from any charge or liability due to the release or furnishing of any documentation, records, materials, or any other form of information.

Certify that the facts and information given in this application, and in any attachment or supporting documents and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will generally result in denial of my application to volunteer, regardless of when and how discovered.

Understand that I may be required to submit to a physical examination or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs or alcohol. I agree to such examinations, inquiries or testing. I authorize release of the results to the City to evaluate my suitability for volunteering. I release the City from all liability arising out of or connected with any examinations, inquiries or testing.

Understand and agree that if I become a volunteer the statements in these paragraphs will become a binding part of my volunteer relationship. I have read each of these statements. I have reviewed all of the information provided in this application and in any attachments or supporting documents.

Understand that if I am a volunteer, I cannot expect employment in a temporary position or to automatically become a regular employee. As a volunteer, I may be discharged from my volunteer duties for any reasons without warning.

NOTE: Applying for this position constitutes your acknowledgement and agreement that, as a volunteer, you may be asked to work varied shifts, weekends, holidays, and other non-typical hours.

_____ _____

Signature Date