

CITY OF KEIZER YOUTH COUNCIL PAGE VOLUNTEER APPLICATION FORM

NAME	DATE OF BIRTH
ADDRESS	
PHONE NUMBER: DAY:	EVENINGS:
EMAIL ADDRESS:	YEARS AS KEIZER RESIDENT
NAME OF HIGH SCHOOL OR SCHOOL	L PROGRAM IN WHICH YOU ARE ENROLLED:
Please write a brief narrative describing y this position. Include your skills, experie	**************************************

PERSONAL REFERENCE:

Please attach a letter of recommendation from a teacher or community leader.

CURRENT PLACE OF EMPLOYMENT (Optional) Employer's Name Employer's Address and Telephone Your Position _____ Duties PREVIOUS VOLUNTEER EXPERIENCE Volunteer Agency Address_____ Telephone _____ Duties _____ ** I understand the time commitment and duties involved for the position I am seeking. Yes No AUTHORIZATION WAIVER I have completed the above questions and to the best of my knowledge, what has been stated is true. If appointed to a volunteer position, I agree to serve without reimbursement of any kind and with the understanding and agreement that medical insurance is not provided by the City of Keizer. Volunteers for the City of Keizer are covered under the city's liability insurance and workers compensation program. As a volunteer applicant, I understand that I may be subject to a criminal records check. I further understand that irrespective of any criminal records check, the City of Keizer may decline my volunteer application or volunteer services at any time. Signature of Applicant Date Signature of Parent/Guardian Date

PLEASE RETURN COMPLETED APPLICATION TO:

City of Keizer Volunteer Coordinating Committee Attention: Debbie Lockhart, Deputy City Recorder (503-856-3418) P.O. Box 21000 (City Hall - 930 Chemawa Road NE) Keizer, OR 97307-1000