



CITY OF KEIZER YOUTH COMMITTEE LIAISON VOLUNTEER APPLICATION FORM

NAME _____ DATE OF BIRTH _____

ADDRESS _____

PHONE NUMBER: DAY: _____ EVENINGS: _____

EMAIL ADDRESS: _____ YEARS AS KEIZER RESIDENT _____

NAME OF HIGH SCHOOL OR SCHOOL PROGRAM IN WHICH YOU ARE ENROLLED:

Please write a brief narrative describing your interest, qualifications and what you hope to accomplish in this position. Include your skills, experience, and knowledge that you would contribute in this volunteer position. (Feel free to attach a cover letter, resume, or other helpful information.)

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 _____

COMMITTEE	MEETING DAYS/TIMES	<input checked="" type="checkbox"/> here
Arts Commission	3 rd Tuesday, Bi-Monthly @ 6 pm	_____
Parks Advisory Board	2 nd Tuesday, Monthly @ 6 pm	_____
Traffic Safety/Bikeways	3 rd Thursday, Monthly @ 6 pm	_____
Planning Commission	2 nd Wednesday, Monthly @ 6 pm	_____
Keizer Points of Interest	4 th Thursday, Monthly @ 6 pm	_____

** 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

Scanned completed applications may be submitted to: lockhartD@keizer.org