# Volunteer Application

City of Union 342 S. Main Union OR 97883
Phone 541-562-5197 Fax 541-562-5196
cityhall@cityofunion.com

| VOLUNTEER APPLICANT INFORMATION | | | |
|---|---|---|---|
| Last Name | First Name | | MI |
| Address | | | |
| City | | State | Zip Code |
| Home Phone | Cell Phone | Work Phone | |
| Email Address | | | |

| *Emergency Contact Information* | | | |
|---|---|---|---|
| Last Name | First Name | | Relation |
| Home Phone | Cell Phone | Work Phone | |

## QUESTIONNAIRE

Are you under the age of 18? ____Yes ____No If yes, how old are you? _____

Do you have a valid driver's license? ____Yes ____No

What type of volunteering are you interested in doing? _____

How did you become aware of the City's volunteer program?_____

The City of Union value's our volunteers. A citizen who volunteers is a rare and special person who wants to be part of the betterment of his/her community. By being a volunteer, you are striving to make a difference in your life and the lives of all who live in Union.

***The City of Union is required to carry workman's comp insurance on volunteers, please report dates & times of work.***

**Signature of Applicant**_____**Date ___/___/_____**

## City Use Only

For Volunteer Position_____

Requested by:_____Department_____Date ___/___/_____

Approved by:_____Date ___/___/_____

*Signature* *Title*