



CITY OF OAKRIDGE FORM FOR INDIVIDUAL VOLUNTEER ACTIVITY

Those applying to be appointed to Council Boards or Committees are required to be present at Council Meeting for Appointment. Contact City Hall to confirm date.

Committee or type of volunteer work you are interest in: _____

Name: _____ Date: _____

Address: _____

Is your residence in the City of Oakridge? YES NO

Telephone where you can be reached: _____

Employer/Occupation: _____

E-mail address: _____

Do you have any special training, experience, knowledge or abilities that are related to this position or that would help the work of this position? _____

In order to do a brief background check, please provide the following information:

Date of Birth: _____ Place of Birth: _____

I understand that I will be responsible and liable for damage or injury to any persons or property resulting from my actions during this activity. I shall indemnify, hold harmless and release the City of Oakridge, its employees, agents and representatives against any and all damages, claims, demands actions, causes of action, costs, and expenses of whatsoever nature as a result of my actions during this activity and will notify the City in the event a third party is injured as a result of this activity.

I, the undersigned participant, acknowledge that I have read and understand the above release.

Participant Name (Printed) _____

Participant signature _____

If participant is under age 18, a parent or guardian must sign this form.

As the parent or legal guardian of the above-listed minor, I hereby grant permission for my child to participate in the volunteer service program described above. My signature below represents that I have read, understand the consent to the terms and conditions of this document.

Parent/Guardian Name (Printed) _____

Relationship to participant _____

Parent/Guardian signature _____

Date _____

If applying for a Board or Committee, please tell us why you are interested in serving.
