



City of Oakridge Volunteer Application and Placement Form

Return completed application to: City Administrator, 48318 E 1st Street, Oakridge, OR 97463 or
cityadministrator@ci.oakridge.or.us

Name		Daytime Phone	
Address		Evening Phone	
City/Zip		Email	

Are you under 18 years of age? (circle one) YES NO

Current Employer or School		Phone	
Education, Work, or Volunteer Experience			
Skills or Certifications			

List the hours you are available or prefer:

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Personal Reference (not related)

Name		Phone		Relationship	
Address		City/State/Zip			

Volunteer or Employer Reference

Name		Phone		Relationship	
Address		City/State/Zip			

I give my permission for the named references to be contacted either verbally or in writing. I also understand that information obtained will be used only in conjunction with a City of Oakridge volunteer position. All of the information on this application is true to the best of my knowledge.

Signature: _____ Date: _____
For Internal Use Only



Volunteer Name: _____

Referred to or Placed:

Department & Staff	Volunteer Position	Copies Sent by	Date

Enter Date Completed (if applicable)

Application		Interview	
Reference Check		Job Description Provided	
Background Check		Volunteer Orientation & Certification	
DMV Check		Insurance Coverage & Waiver	
Parental Consent Form		Auto and General Liability Waivers	

Comments