



# Milwaukie Center

## VOLUNTEER APPLICATION

5440 SE Kellogg Creek Dr., Milwaukie, OR 97222

Phone 503-653-8100 FAX 503-794-8016

[www.milwaukiecenter.com](http://www.milwaukiecenter.com)

division of North Clackamas Parks & Recreation District

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_M \_\_\_\_F  
Mo. Day Year

Would you like to receive an electronic copy of the Centerpoint Newsletter? \_\_\_\_\_

When are you available to volunteer?

Number of hours per week: \_\_\_\_\_ Preferred days and time: \_\_\_\_\_ Days not available: \_\_\_\_\_

Volunteer time commitment: \_\_\_\_\_ 3 Months \_\_\_\_\_ 6 Months \_\_\_\_\_ 1 Year \_\_\_\_\_ Indefinitely

How did you hear about us? \_\_\_\_\_

Present/previous volunteer experience \_\_\_\_\_

Present/previous work history \_\_\_\_\_

May we contact them? \_\_\_\_\_

Do you have any health/physical restrictions? \_\_\_\_\_

Are you under the age of 18? \_\_\_\_\_

Have you ever been convicted of a felony? If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*For office use only:*

Date received \_\_\_\_\_ Date of background check \_\_\_\_\_ Returned \_\_\_\_\_

Date of orientation \_\_\_\_\_ Volunteer Placement Date \_\_\_\_\_ Location \_\_\_\_\_

## AREAS OF INTEREST

<p><b><u>CLERICAL AND BUSINESS</u></b></p> <p>____ Receptionist          ____ Clerical/Phone/Filing          ____ Computer/Data entry          ____ Tax Preparation - seasonal          ____ Legal/Financial</p> <hr/> <p><b><u>RECREATION</u></b></p> <p>____ Travel Desk Assistant          ____ Photography          ____ Recreation Assistant</p>	<p><b><u>ADMINISTRATION</u></b></p> <p>____ Committee member          ____ Board member          ____ Fund-raising          ____ Business contacts</p> <hr/> <p><b><u>HEALTH AND MEDICAL</u></b></p> <p>____ Support group facilitator          ____ Respite program aides          ____ RN (current license)          ____ LPN (current license)</p>	<p><b><u>SPECIAL INTEREST OR SKILLS</u></b></p> <p>____ Arts and crafts          ____ Music vocal/Instrument          ____ Bulletin Board Designer          ____ Quilt Show Volunteers – March          ____ Librarian          ____ Bottle Recycler          ____ AniMeals Delivery Driver          ____ Bread Pick Up</p>
<p><b><u>FRIENDS OF THE MILWAUKIE CENTER</u></b></p> <p>____ Special Events          ____ Bingo – Thurs 5:30 pm – 9:30 pm          ____ Board Members          ____ Quilters – Thurs 9 – 11:30 am          ____ Rose Guardians          ____ Gift Shop Sales          ____ Data Entry          ____ Greeting Card Writer</p>	<p><b><u>MAINTENANCE</u></b></p> <p>____ General Help          ____ Wood Cutting          ____ Wood Stacking          ____ Wood Delivery          ____ Bus Washer          ____ Painter          ____ Pressure Washing</p>	<p><b><u>NUTRITION &amp; TRANSPORTATION</u></b></p> <p>____ Food server 10 am– 1 pm          ____ Pete’s Café 8:30 am – 1pm          ____ Meals on Wheels driver          ____ Food Packer AM 8 – 11:30 am          ____ Food Packer PM 1 – 2:30 pm          ____ Bread Sales 9:30 am – 12:30 pm          ____ Dining Room Front Desk          ____ Dishwasher          ____ Money Counter 12:45 – 1:30 pm          ____ Grocery Shopping Assistant</p>

All information on this application is true to the best of my knowledge. I understand that if I use my personal automobile to and from my volunteer assignment that I will agree to keep in effect automobile liability insurance equal to or greater than the minimum required by the state of Oregon. I understand that all information used in my volunteer role is confidential and I will respect that confidentiality. I release, indemnify and hold harmless the Milwaukie Center and North Clackamas Parks and Recreation District, its officers, agents and employees from any and all claims, actions and demands that may arise from my actions as a volunteer.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**If applicant is a minor, parent or guardian must sign and agree to the above statement and sign below.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN THIS APPLICATION TO:**

**Milwaukie Center  
 5440 SE Kellogg Creek Dr.  
 Milwaukie, OR 97222**



**ADULT CONSENT**  
**Milwaukie Center**  
division of North Clackamas Parks and Recreation District  
**PARTICIPATION AND RELEASE FORM**

I, \_\_\_\_\_, execute this release on my own behalf, and I am a competent adult. In consideration of being allowed to participate in volunteer activities at the Milwaukie Center. I hereby release the Milwaukie Center and Clackamas County/NCPRD from any and all claims for damages, injuries or sickness, which may result either directly or indirectly from those activities. I am aware that potentially dangerous conditions exist, including but not limited to slippery pavement, fallen debris, hot food and other materials. I have satisfied myself that the risk of harm from participating in these activities is acceptable. I have also satisfied myself that I am physically able to undertake and complete this activity. I understand and acknowledge that the Milwaukie Center and Clackamas County/ NCPRD is not responsible for any injuries, damages or sickness that may result from my participation in these activities, and I understand that I would not be allowed to participate in the activities if I did not execute this consent and release.

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Signature: \_\_\_\_\_

**SPECIAL CIRCUMSTANCES**

*(If applicable)*

Use of power tools: \_\_\_\_\_  
*Type of Tool*                      *Owner*                      *Safety Knowledge*



# Milwaukie Center

Division of Clackamas County North Clackamas Parks and Recreation District

## AUTHORIZATION TO RELEASE CRIMINAL RECORD INFORMATION

The information contained in this application is correct to the best of my knowledge. I hereby authorize the Milwaukie Center and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for volunteer purposes. I understand that the scope of the verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to the Milwaukie Center or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

The Milwaukie Center and its designated agents and the representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

\_\_\_\_\_  
Signature Date

A criminal check is now routinely done on all persons applying to be volunteers in direct service to clients. Please provide the following information. **PLEASE TYPE OR PRINT CLEARLY.**

Print Full Legal Name: \_\_\_\_\_

Former or Maiden Name(s) used if applicable: \_\_\_\_\_

Date other name(s) used: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long at this address? \_\_\_\_\_

If less than three years, previous address: \_\_\_\_\_

Phone number(s) used most: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ M | F | Social Security #: \_\_\_\_\_

Drivers License Number/State \_\_\_\_\_

Have you **EVER** been arrested or convicted of any crime in Oregon or any other state? Y | | N |  
If "yes", list charge(s), conviction(s), date(s) and location(s): \_\_\_\_\_

For questions or information, please contact:  
**(503) 653-8100**

**DO NOT FAX THIS FORM. SEND ORIGINAL**  
**5440 SE Kellogg Creek Dr, Milwaukie, OR 97222**