



# Milwaukie Center

## Volunteer Application

5440 SE Kellogg Creek Dr., Milwaukie, OR 97222

Phone 503-653-8100 Fax 503-794-8016

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 \_\_\_\_\_



# Milwaukie Center

## Volunteer Application

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

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**



# Milwaukie Center

## Adult Consent - Participation and Release Form

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

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

## 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**