



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 _____

AREAS OF INTEREST

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<p><u>CLERICAL AND BUSINESS</u></p> <p>___ Receptionist ___ Clerical/Phone/Filing ___ Computer/Data entry ___ Tax Preparation - seasonal ___ Legal/Financial</p> <hr/> <p><u>RECREATION</u></p> <p>___ Travel Desk Assistant ___ Photography ___ Recreation Assistant</p>	<p><u>ADMINISTRATION</u></p> <p>___ Committee member ___ Board member ___ Fund-raising ___ Business contacts</p> <hr/> <p><u>HEALTH AND MEDICAL</u></p> <p>___ Support group facilitator ___ Respite program aides ___ RN (current license) ___ LPN (current license)</p>	<p><u>SPECIAL INTEREST OR SKILLS</u></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><u>FRIENDS OF THE MILWAUKIE CENTER</u></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><u>MAINTENANCE</u></p> <p>___ General Help ___ Wood Cutting ___ Wood Stacking ___ Wood Delivery ___ Bus Washer ___ Painter ___ Pressure Washing</p>	<p><u>NUTRITION & TRANSPORTATION</u></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
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