



Milwaukie Center
5440 SE Kellogg Creek Drive
Milwaukie, OR 97267
503-653-8100
Division of North Clackamas Parks
And Recreation District

Dear Volunteer:

Thank you for contacting the Milwaukie Center and expressing your desire to become a volunteer. Individuals that are willing to donate their personal time, such as yourself, are the reason the Center is the success it is today.

We offer numerous opportunities where you can share your skills and, at the same time, be of assistance to others. Our ultimate goal is to ensure you find the position that best fulfills your desire to make a difference in the community and your life.

Please complete the attached application form, along with the Emergency Contact and Background Check, and return all completed documents to the Milwaukie Center for processing. To assist us in placement, be sure to mark off all the areas you are interested in. After receiving your completed application, a criminal history background check will be processed. Once your application process is completed, in approximately one week, I will contact you for a brief meeting here at the Milwaukie Center.

In the meantime, if you have any questions, please feel free to contact me at 503-794-8034 and ask for Judith.

We look forward to having you as a valuable member of our volunteer team!

Judith Kallio
Volunteer Coordinator
Milwaukie Center



MILWAUKIE CENTER
VOLUNTEER APPLICATION

5440 S.E. Kellogg Creek Drive
Milwaukie, OR 97222
Phone: (503) 653-8100 Fax: (503) 794-8016
www.milwaukie-center.com

PLEASE PRINT CLEARLY

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Telephone: Home _____ Work _____ Cell _____

Email: _____ Birth Date: ____/____/____ Sex: ____M ____F

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

CLERICAL AND BUSINESS

- Receptionist
- Clerical/Phone/Filing
- Computer/Data entry
- Tax Preparation - seasonal
- Legal/Financial
- Newsletter Courier

RECREATION

- Travel Desk Assistant
- Special Interest Group Leader
- Photography
- Recreation Assistant
- Walk Leader

FRIENDS OF THE MILWAUKIE CENTER

- 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

ADMINISTRATION

- Committee member
- Board member
- Public speaking
- Fund-raising
- Business contacts

HEALTH AND MEDICAL

- Support group facilitator
- Respite program aides
- Clinic hosts/hostesses
- RN (current license)
- LPN (current license)

MAINTENANCE

- General Help
- Wood Cutting
- Wood Stacking
- Wood Delivery
- Bus Washer
- Painter
- Pressure Washing

SPECIAL INTEREST OR SKILLS

- Arts and crafts
- Graphic arts
- Music vocal/Instrument
- Bulletin Board Designer
- Quilt Show Volunteers - March
- Librarian
- Bottle Recycler

NUTRITION & TRANSPORTATION

- 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
- Money Counter 12:45 - 1:30 pm
- 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



NORTH CLACKAMAS
 PARKS & RECREATION DISTRICT
 MILWAUKIE CENTER

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: _____

| | | |
|---------------------|--------------|-------------------------|
| <i>Type of Tool</i> | <i>Owner</i> | <i>Safety Knowledge</i> |
|---------------------|--------------|-------------------------|

Instructions for this form are on pages 5–8. If not received, contact the agency where you are applying.

Section 2 — To be completed by the SI. READ INSTRUCTIONS CAREFULLY.

11. Individual name (*last/first/middle*):

12. Social Security number (*optional*):

13. Date of birth (*mm/dd/yyyy*):

14. Email address:

15. Gender: Female Male

16. Driver license ID:

State:

Number:

17. Aliases/other names used:

18. Check only if you prefer correspondence be sent to your residential or mailing address (*rather than an email address*).

19. Residence street address:

City:

State:

ZIP code:

Mailing address: Same as residence

City:

State:

ZIP code:

20. Home phone:

Mobile phone:

21. During the last five (5) years, have you been outside of Oregon for 60 days in a row or more?
 Yes No **If yes**, complete the following for each residence in the past five (5) years:

| Date (<i>mm/dd/yy</i>) | | City: | State: | Country: | Name(s) used at this residence: |
|--------------------------|------|-------|--------|----------|---------------------------------|
| Start: | End: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

22. Have you ever been charged, arrested, adjudicated and/or convicted of a crime?

Yes No

If yes, list all charges, arrests, adjudications and/or convictions (*adult and juvenile*) and the outcome, regardless of how long ago. Attach additional pages as needed.

| Date (<i>mm/dd/yyyy</i>): | Charge, arrest or conviction (<i>list actual crime, like Theft II</i>): | Outcome (<i>e.g., conviction, dismissal</i>): | City: | County: | State: |
|-----------------------------|---|---|-------|---------|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

For each arrest, charge, adjudication or conviction you list, attach extra pages and provide as much information as possible regarding the incident and outcome.

Instructions for this form are on pages 5–8. If not received, contact the agency where you are applying.

Section 2 — To be completed by the SI (continued)

23. If you have potentially disqualifying convictions or conditions, the BCU must consider several factors to determine the risk of vulnerable individuals and your fitness to hold the position. Please provide any information about the details of your potentially disqualifying history, yourself, your training, education, work history, treatment and circumstances since your potentially disqualifying history that you want the BCU to weigh. Add additional pages as needed.

24. Signature of SI Authorizing Background Check Process and Release of Information

I have been provided pages 5-8 of this background check request form and have read and understand the instructions given there.

My submission of this form with my signature authorizes the Background Check Unit (BCU) to initiate a criminal records check, which may include a national criminal records check requiring fingerprints, and to receive the results from Oregon State Police and the FBI. I understand that BCU will complete an abuse check on me. Any information from these checks may be shared with a qualified entity designee at the facility or licensing authority associated with this application.

My submission of this form with my signature authorizes BCU to request and receive any juvenile, police, court or investigation reports needed to complete this background check. In the event BCU discovers potentially disqualifying convictions or conditions, including abuse, BCU may notify me at the address or email I have given to request additional information.

My submission of this form with my signature authorizes BCU to release information given in this background check request or position information to any criminal justice agency or investigative body as needed for investigation, outstanding warrants or supervision requirements.

I authorize BCU to process this background check request. I certify that all statements I have made are currently accurate. I understand that I need to disclose any new information that occurs after I submit this form while the background check is still pending. I understand that if I provide false or incomplete information, my application may be closed or I may be denied the position. I understand the background check may be repeated any time while I hold the position for which this check is being done.

SI signature: _____ Date: _____