

**VOLUNTEER SERVICE APPLICATION
CITY OF COLUMBIA CITY**

1840 Second Street, P.O. Box 189
Columbia City, OR 97018
Phone: (503) 397-4010 Fax: (503) 366-2870 E-mail: colcity@columbia-city.org
Website: www.columbia-city.org

POSITION DESIRED _____ DATE _____

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip

MAILING ADDRESS _____
Street City State Zip

HOME PHONE _____ MESSAGE PHONE _____ DOB _____

E-MAIL ADDRESS _____ SOCIAL SECURITY NUMBER _____

Do you have a valid driver's license? _____ License No./State: _____

Health restrictions: _____

Can you perform the essential functions of the job(s) for which you are applying? _____

Have you pled guilty or been convicted of a felony? _____ (Please note that a "yes" answer will not automatically bar you). If yes, please explain: _____

SPECIAL SKILLS, QUALIFICATIONS AND CONSIDERATIONS

Summarize special skills and qualifications, volunteer activities, military experience, employment or other activities related to the job you are seeking:

EMERGENCY CONTACTS

	Name	Address	Phone	Occupation
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

REFERENCES

Name Address Phone Occupation

- 1. _____
- 2. _____
- 3. _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. I understand that any false information will be grounds to disapprove my application and/or terminate my volunteer status. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

[] YES [] NO

I will be responsible for familiarizing myself with all rules and regulations of the City of Columbia City as they presently exist or are later modified. I recognize that my volunteer status may be terminated, at the discretion of the City of Columbia City or at my option, without notice, at any time with or without cause.

[] YES [] NO

I have read, understand and agree with the above.

By: _____ Date: _____
Signature of Applicant

If volunteer is under 18 years of age, consent signature is required from applicant's parent or legal guardian.

Parent or Legal Guardian: _____ Date: _____

The City of Columbia City is an equal employment opportunity employer. All applicants will be considered without regard to age, color, national origin, religion, sex or other protected status in accordance with applicable federal and state equal employment opportunity laws.

===== **CITY PLACEMENT** =====

Department _____ Job Assignment _____

Work Site _____ Supervisor _____

Comments: _____

APPROVAL: _____
Department Head Date

City Administrator/Recorder Date