



## Volunteer Application and Placement Form

**Return completed application to:** The City of Harrisburg, Attn: Lori Ross, City Recorder, PO Box 378, Harrisburg, OR 97446

Name Daytime Phone

Address Evening Phone

City/Zip Email

Are you under 18 years of age?    YES                      NO

Current Employer or School Phone

Education, Work, or Volunteer Experience

Skills or Certifications

Languages that you speak:

Languages that you write:

**List the hours you are available or prefer:**

Sun	Mon	Tue	Wed	Thu	Fri	Sat
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**Personal Reference (not related)**

Name Phone Relationship

Address City/State/Zip

**Volunteer or Employer Reference**

Name Phone Relationship

Address City/State/Zip

*I give my permission for the named references to be contacted either verbally or in writing. I also understand that information obtained will be used only in conjunction with a City of Harrisburg volunteer position. All of the information on this application is true to the best of my knowledge.*

Signature:

Date:

## For Internal Use Only

Volunteer Name:

**Referred to or Placed:**

Department & Staff

Volunteer Position

Copies  
Sent by

Date

**Enter Date Completed (if applicable)**

Application Received

Interview (If applicable)

Reference Check

Job Description Provided

OSP Background Check

Volunteer Orientation &  
Certification

Parental Consent Form

**Comments**



# HARRISBURG VOLUNTEER BACKGROUND CHECK AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, general reputation, personal characteristics, or mode of living; work habits, performance or experience, along with reasons for termination of past employment/professional license or credentials; financial/credit history; or criminal/civil/driving record history. I authorize any person, business, organization or agency to provide requested information to the City of Harrisburg.

II. IF APPLICABLE, medical and worker's compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

III. According to the **Fair Credit Reporting Act** (FCRA, Public Law 91-508, Title VI), I am entitled to know if my offer to volunteer is denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency providing that report.

IV. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies.

V. Upon proper identification, you have the right to make a request to the City of Harrisburg, within a reasonable period of time, as to the nature and substance of all information in its files on you at the time of your request, including the sources of information and the recipients of any reports on you that The City of Harrisburg has previously furnished. Communications with The City of Harrisburg should be directed to PO Box 378, Harrisburg, OR 97446, or at 541-995-6655.

### VOLUNTEER CANDIDATE TO COMPLETE THE FOLLOWING:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Please print full name

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

\_\_\_\_\_  
Month, Day and Year of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Driver's License Number and State

\_\_\_\_\_  
Name as it appears on License

Have you ever been convicted of a crime?    No    Yes    If yes, please provide city and state of conviction and details of conviction.

### FAIR CREDIT REPORTING ACT NOTICE:

In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the **FCRA**, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the Candidate/employee contact General Information Services, Inc.

Volunteers under the age of 18 must have a parent or guardian sign a waiver allowing the background search to be conducted. Background checks will be obtained regardless of the age of volunteers.



## HARRISBURG VOLUNTEER

### Waiver for Minor Volunteers

The Harrisburg Volunteer policy states the following:

1. A volunteer must complete an application form for the City of Harrisburg. The person's background, experience, and skills should be reviewed to match the volunteer's appropriate assignments.
2. Background checks are required for all volunteers. Volunteering cannot begin until the background check has been completed.
3. Volunteers must be at least 18 to work without supervision in any City department.
4. Volunteers under the age of 18 must have a waiver signed by their parent or guardian and must be supervised.
5. Volunteers under the age of 14 shall be limited to volunteering no more than two hours after school hours, no more than six hours on Saturdays and Sundays, and no more than 18 hours per week.
6. Volunteers are provided appropriate training for their assignments, including orientation and appropriate paperwork, indicating their understanding of safety protocol.

I hereby allow \_\_\_\_\_, whose date of birth is \_\_\_\_\_, and who is my child or a minor for whom I am a legal guardian, to volunteer at the City of Harrisburg. I understand that an application form must be filled out, along with a criminal background check with the Oregon State Police, and I give my child/minor for whom I am a legal guardian permission to sign these documents. I understand that there will be supervision as stated in the policy. Appropriate age restrictions will be applied for limitation of hours volunteered as stated above.

In addition, I allow my child or minor for whom I am a legal guardian to have orientation and minimal safety training. Orientation will cover issues such as harassment, and hostile work environments. I understand that these are policies and measures set to protect volunteers and employees of the City of Harrisburg.

\_\_\_\_\_  
Parent or Legal Guardian – Print

\_\_\_\_\_  
Parent or Legal Guardian - Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date