

**Emergency Services**  
**Volunteer Application**

City of Union 342 S. Main Union OR 97883  
Phone 541-562-5197 Fax 541-562-5196  
cityhall@cityofunion.com

**VOLUNTEER APPLICANT INFORMATION**

Last Name	First Name	MI
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Address \_\_\_\_\_

City	State	Zip Code
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**Emergency Contact Information**

Last Name	First Name	Relation
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Contact Number \_\_\_\_\_

**QUESTIONNAIRE**

Are you under the age of 18?  Yes  No If yes, how old are you? \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Have you ever been employed with the City of Union?  Yes  No

If yes, in what capacity? \_\_\_\_\_

Have you been convicted of any violation of the law (other than traffic violations)?  Yes  No  
(If yes, please explain on a separate page)

What type of volunteering are you interested in doing? \_\_\_\_\_

\_\_\_\_\_

What days are you available?  Week days  Weekends  Every day

What times are you available  Mornings  Afternoons  Evenings

How many hours per week can you volunteer? \_\_\_\_\_

Some volunteer positions require long-term commitment of 3 to 6 months or more. Are you willing to make a long term commitment?  Yes  No

How did you become aware of the City's volunteer program? \_\_\_\_\_

List any languages you speak or write other than English \_\_\_\_\_

*The City of Union is required to carry workman's comp insurance on volunteers, please report dates & times of work.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

**City Use Only**

For Volunteer Position \_\_\_\_\_

Requested by: \_\_\_\_\_ Department \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

*Signature Title*

# Volunteer Acknowledgement

## Volunteer Code of Conduct

As a volunteer I will:

- \* Perform only those assigned tasks that are within my physical capability and will not undertake any tasks that are beyond my physical capability or ability.
- \* Not undertake to operate or use vehicles, equipment or tools that I am unfamiliar with or have not been trained to operate properly and safely, and have not received authorization from my supervisor.
- \* Observe all safety rules and use provided safety equipment in the performance of my assigned tasks
- \* Treat everyone with respect, patience, integrity, courtesy, and dignity.
- \* Not use profanity, or make humiliating, ridiculing, threatening, or degrading statements.
- \* Return all City of Union equipment upon request or at end of assignment.

## Volunteer Acknowledgement and Waiver

As a volunteer, I understand that:

- \* If I volunteer for the Library or EMS department, I give my permission to the City of Union to conduct a thorough background check on me, which may include a review of sex offender registries, criminal history records, and law enforcement records. I understand that volunteer positions may be conditional upon favorable background information as determined by the City of Union
- \* I acknowledge that the City of Union will do drug testing at their discretion, this applies to all volunteers for the EMS and Fire Departments. I understand that volunteer positions may be conditional upon favorable drug tests as determined by the City of Union.
- \* The City of Union is not obligated to provide me with a volunteer placement. I also understand that I am not obligated to accept the volunteer position offered.
- \* I understand that as a volunteer I am expected to immediately inform the City of Union if I am unable or unwilling to perform a requested task. Physical requirements of tasks may involve sitting, standing, walking, stooping, kneeling, climbing, talking, listening, reading, lifting, handling heavy objects, operating tools, operating power tools, and operating vehicles.
- \* Volunteer positions are charitable contributions to the City of Union without anticipation of compensation or benefit of any kind or any kind or consideration of future employment.
- \* I have the obligation to notify my supervisor of any injury incurred while volunteering.
- \* I agree to be subjected to the policies and procedures of the City of Union.
- \* I am not an employee of the City of Union, and the City of Union has the right to terminate my volunteer status at any time.
- \* To become a firefighter it takes 78 hours of training and 60 hours each year there after to maintain.
- \* To become an EMT it requires the ability to pass state testing to get certifications.

## Volunteer Consent

Your signature below indicates that you have read each of the above items and you agree to be bound by them. If you are under the age of 18, your parent or guardian must also review these items and sign below.

Applicant Name (print) \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I, \_\_\_\_\_, am the parent or legal guardian of the applicant, and I agree to allow him/her to be bound by the conditions represented above.

Parent/Guardian Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**City of Union and Union Rural Fire  
Volunteer Application for Emergency Service Department**

City Hall 342 S. Main P.O. Box 529 Union OR 97883

phone: 541-562-5197 fax: 541-562-5196

Volunteer applicants who are interested in assisting in emergency situations are asked a few more questions than other volunteers. The purpose is to best match volunteer's knowledge and skills with available tasks.

**ADDITIONAL QUESTIONS**

\*Please indicate which service you are interested in volunteering for: \_\_\_\_\_ Fire \_\_\_\_\_ Ambulance

\*What area of this department would you like to specialize in? ie: ambulance driver, mechanics, fight fires, etc.

\*What, if any, training do you have that would best qualify you for this department?

\*In general, are you willing and able to perform tasks that would require you to work with the general public who may be experiencing emotionally difficult circumstances? \_\_\_\_\_yes \_\_\_\_\_no

\*Do you have an Oregon Commercial Driver's License? \_\_\_\_\_yes \_\_\_\_\_no

\*Please list any skills that you possess and add any pertinent comments: \_\_\_\_\_

\*List three references and phone numbers:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_