**Volunteer Application**

City of Union 342 S. Main Union OR 97883

Phone 541-562-5197 Fax 541-562-5196 cityhall@cityofunion.com

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| **VOLUNTEER APPLICANT INFORMATION** |
| Last Name | First Name | MI |
| Address |
| City | State | Zip Code |
| Home Phone | Cell Phone | Work Phone |
| Email Address |
| ***Emergency Contact Information*** |
| Last Name | First Name | Relation |
| Home Phone | Cell Phone | Work Phone |

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| **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 NoWhat type of volunteering are you interested in doing? How did you become aware of the City's volunteer program?  |  |
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| The City of Union value’s our volunteers. A citizen who volunteers is a rare and special person who wants to be part of the betterment of his/her community. By being a volunteer, you are striving to make a difference in your life and the lives of all who live in Union. |

***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*