**Volunteer Application**

City of Union 342 S. Main Union OR 97883

Phone 541-562-5197 Fax 541-562-5196 [cityhall@cityofunion.com](mailto: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 No  What type of volunteering are you interested in doing?  How did you become aware of the City's volunteer program? |  |
|  |
| 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*