



## Fort Dalles Museum

### Volunteer Application and Placement Form

Thank you for your interest in volunteering for **Fort Dalles Museum**. We look forward to partnerships with volunteers to enable us to effectively serve the citizens of our community. In order to ensure the safety of our volunteers and protect the interests of **Fort Dalles Museum** we require potential volunteers to complete this questionnaire form and participate in a background check. Thank you for volunteering.

**Return completed application to: Fort Dalles Museum, 500 W. 15<sup>th</sup> Street, The Dalles, Oregon 97058**

Name		Daytime Phone	
Address		Evening Phone	
City/Zip		Email	

Are you under 18 years of age? (circle one)      YES                      NO

<b>Education</b>	
Last year of school completed	
High School Diploma/GED	Yes                      No
Secondary Training	
College Degree/Major	
Currently in school? If so, school name?	
Certifications or licenses?	
Prior Civic/Volunteer Activities	

<b>Employment</b>			
Current Employer			
Type of business			
Your Job Title			
General Duties			
Supervisor's Name		Phone	

<b>Special Skills, Training, or Knowledge</b>

Languages that you speak: \_\_\_\_\_

Languages that you write: \_\_\_\_\_

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

Sun	Mon	Tue	Wed	Thu	Fri	Sat

**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 **Fort Dalles Museum** volunteer position. All of the information on this application is true to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Internal Use Only*

<b>Disclosure</b>
<p>Have you ever been convicted of, or pleaded "no contest" to, a crime? This includes, for example, entering into a diversion agreement as a result of a DUI arrest.    Yes            No</p> <p>A "yes" answer will not automatically disqualify you from volunteering. We will consider the nature and date of the offense, and the volunteer position(s) for which you are applying, for volunteer-related purposes only, and only to the extent permitted by applicable law.</p> <p>If you answered "yes," please explain, including date(s) of your conviction(s), plea, etc.</p>

**Our Policy**

It is the policy of **Fort Dalles Museum** to fill volunteer vacancies with the most qualified applicants. Volunteer applicants will be considered on an equal basis for all positions without regard to age, disability, race, color, national origin, sex, sexual orientation, veteran status, military status, association with members of a protected class, or any other protected class or work relationship recognized by Oregon or federal law.

*Thank you for completing this application form and for your interest in volunteering with us!*

**Volunteer Agreement and Signature**

*I understand and agree to the following:*

- I will keep all issues pertaining to city business confidential.
- I may be subject to background and motor vehicle record checks.
- I will adhere by OR-OSHA safety standards and training I am provided.
- I have read and understand the Volunteer Policy.

I hereby certify that the facts set forth in this volunteer registration are true to the best of my knowledge. I agree that if the information given in my registration, resume, or any other materials, or during any interview, is found to be false in any way, it shall be considered sufficient cause for denial of volunteer status. I understand that **Fort Dalles Museum** is not obligated to appoint me to a volunteer position and that nothing contained in the volunteer registration form is intended to create a contract between **Fort Dalles Museum** and me. In addition to the above items, I agree to comply with the policies, rules, regulations, and procedures of **Fort Dalles Museum** which I understand may change at any time and I understand that my volunteer status can be terminated with or without cause or notice, at any time, at the option of either me or **Fort Dalles Museum**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**REQUIRED FOR ALL MINORS:**

**PARENT OR GUARDIAN’S AUTHORIZATION FOR MEDICAL CARE AND CONSENT TO AGREEMENT**

I, \_\_\_\_\_, as parent or legal guardian hereby grant permission for \_\_\_\_\_ to do volunteer work for **Fort Dalles Museum** In the event of an emergency, accident, or illness, I authorize **Fort Dalles Museum** and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to this agreement.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_