



**BAKER CITY, OREGON**  
 1768 Auburn Ave., Baker City, OR 97814-0650  
**541-523-3644** Voice/TDD - **541-523-6415** Dispatch  
 www.bakercity.com



## VOLUNTEER APPLICATION FORM

APPLICANT INFORMATION		
Last Name	First	Middle
Street Address:		Apartment/Unit #
Mailing	City	Zip Code
Cell Phone	Driver's License/ID #	State
Email Address		
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Have you ever been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain
Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/>		
What specific job-related skills do you possess? COMPUTER <input type="checkbox"/> DATA ENTRY <input type="checkbox"/> ORGANIZATIONAL <input type="checkbox"/>		
OTHER <input type="checkbox"/> (Explain)		
What days and times are you available to volunteer?		
EDUCATION		
High School	Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>		
College	Address	
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other	Address	
Did you complete certification? YES <input type="checkbox"/> NO <input type="checkbox"/>	Certificate	

**PERSONAL REFERENCES** *List only people you have known for more than six (6) months. DO NOT list relatives or former employers.*

Full Name	Address
City, State, Zip	Phone
Full Name	Address
City, State, Zip	Phone
Full Name	Address
City, State, Zip	Phone

**EMPLOYEMENT HISTORY**

Company	Phone	
Address	Supervisor	
Job Title	Responsibilities	
From	To	Reason for leaving
Company	Phone	
Address	Supervisor	
Job Title	Responsibilities	
From	To	Reason for leaving

**AGREEMENT AND SIGNATURE**

I understand that I may be required to verify all the information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information related to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments, or supporting documents may result in denial of volunteering, or immediate termination of a volunteer assignment.

I understand that an in-depth background check may be conducted prior to volunteering with City of Baker City. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, or credit check to determine suitability for volunteering. (You will be contacted again if an in-depth background check is utilized.)

I authorize representatives of City of Baker City to contact the employers and references listed in this application (or otherwise provided by me), and any other person as developed through these contacts to determine my suitability for volunteering. I understand that as the process progresses, I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if assigned to a volunteer position, my volunteer relationship with City of Baker City, Police Department is for no definite period and the relationship may be terminated at any time and without prior notice by either party.

Name (Printed) \_\_\_\_\_

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