



CITY OF HILLSBORO
Parks & Recreation

VOLUNTEER APPLICATION CITY OF HILLSBORO

Name: _____ Date: _____
(last) (first)

Address: _____ City: _____ State: _____

Email: _____ Cell Phone: _____ Work Phone: _____

Relevant Employment or Volunteer Experience

Name of Employer/Organization	Years/Dates Worked/Volunteered	Job Title/Volunteer Project

Have you ever been convicted of a crime? (Exclude minor traffic violation)

Yes No

If yes, please give a brief description of the circumstances surrounding your conviction including date, nature, and place of offense. Do not include violations or convictions sealed or annulled by court, or convictions incurred as a minor or expunged from the record. Convictions will not necessarily disqualify you from the volunteer position for which you are applying.

Emergency Contact Information

Please list a person who may be notified in the event of an emergency or illness:

1. Name: _____ Relationship: _____

Contact Numbers: Home/Cell: _____ Work: _____

Medical Information (Optional)

Please list any information that you feel may be important in the event of a medical emergency or illness. This information will be kept confidential and used only in case of emergency or illness:

Volunteer Position

Please indicate the volunteer services that you are interested. If you have a specific program or assignment, please note it under Program.

- Park Beautification
- Cultural Arts
- Recreation
- SHARC (Aquatics)
- Special Events
- Program: _____

What groups/ages do you to prefer to work with? _____

Special Skills or Qualifications/Previous Volunteer Experience

Briefly describe any previous experience and special skills that you have gained from employment, previous volunteer work, or through other activities including special interests, sports, and school.

Availability

Days and times available to volunteer: (specify times available in blanks next to corresponding day)

- | | | | |
|-----------|-------|----------|-------|
| Sunday | _____ | Thursday | _____ |
| Monday | _____ | Friday | _____ |
| Tuesday | _____ | Saturday | _____ |
| Wednesday | _____ | | |

Available date to start volunteering: _____

How long are you able to volunteer for? _____ (week/month/ongoing)

Other interests

Are you interested in receiving emails from us regarding upcoming volunteer opportunities in your area of interest? Yes/No (Circle one)

How did you hear about volunteer opportunities with Hillsboro Parks and Recreation?

I hereby certify that this application contains no misrepresentations or falsifications and the information given is true and complete to the best of my knowledge and belief. I authorize the City of Hillsboro to conduct a background investigation as necessary and appropriate to verify the information contained herein.

Signature

Date

Parent/Guardian Signature if under 18

Date