CITY OF MEDFORD
VOLUNTEER SERVICE APPLICATION -- ADULT

Name _____ Home Phone _____
e-mail _____ Cell Phone _____

Background check link will be emailed; please print legibly. It will come from a company called Sterling. If you don't have an email account ask for a paper form of the background check document.

✓ **The insurance document is yours to keep**

✓ **Are you an employee of the City of Medford Yes No**

_____
Street Address City State Zip Code

Date of Birth _____ Male _____ Female _____

Health Restrictions _____

VEHICLE: If I use my personal automobile in volunteer service for the City of Medford, I will maintain automobile liability insurance equal to the limits required by the State of Oregon.

_____ _____
Signature Date

In event of emergency, please notify: _____ _____
Name Phone

The City of Medford does not discriminate based on race, color, religion, sex, age, marital status, national origin, mental or physical disability. If you require reasonable accommodation to perform volunteer tasks please be sure to inform your supervisor.

Anything you would like to share about volunteering time/dates/other?
_____

CITY PLACEMENT

Department: _____ Job Assignment _____

Work Site _____ Work Supervisor _____

Comments
_____
_____
_____

Staff: Complete this section and route originals (including background checks if applicable) to Volunteer Coordinator for processing.