

Umpqua Discovery Center Volunteer Application

Name: _____ DOB: _____
Last, First, MI

Email: _____ ODL: _____ Phone / Cell: _____

Address _____

City _____ State _____ Zip Code _____

EMPLOYMENT / VOLUNTEER EXPERIENCE

REFERENCE 1:

Name: _____ Phone / Cell: _____

REFERENCE 2:

Name: _____ Phone / Cell: _____

TRAINING / SKILLS: _____

VOLUNTEER POSITIONS YOU ARE INTERESTED IN:

- Gift Shop Assistant
 Tour / Program Guide

Programs: Pathways to Discovery Animal Identification Gray Whales History Of Jedediah Smith
Hexaflexagon - Life Cycle of Salmon Becoming an Elk, Bear, or Beaver Tidewaters & Time

TIMES AVAILABLE: _____

City Of Reedsport WAIVER FOR PARTICIPATION / BACKGROUND CHECK

I hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages or injuries I may incur while volunteering for the City of Reedsport, its employees, officers or agents.

I authorize the investigation of all matters which the City deems relevant to my qualifications for volunteering, including all statements contained in this application and any attachments or supporting documents and in any interviews. I authorize the City, and its agent or agents, to request and receive information and I release from all liability any persons (such as current and former supervisors, co-workers, etc.) Employers or other entities (schools, etc.) Supplying the information. I also release the city, and its agent or agents, from all liability which might result from making the investigation.

Signature of Participant: _____ Date: _____

FOR OFFICE USE ONLY

Background Check:
Reedsport Police Department _____ Date: _____

CCH: (Circle One) Yes No

Department Head of Designee: _____ Date: _____