



OREGON STATE PARKS AND RECREATION DEPARTMENT
INDIVIDUAL VOLUNTEER APPLICATION
(For all volunteers who aren't applying for host positions)

Last Name : _____ First Name: _____ Middle Initial: _____

Mailing Address:

Street	Email:
City, ST, Zip	Driver's License Number:
Phone:	State of Issue: Exp. Date:
Alt/Cell/Message Phone:	Notify in case Emergency: Address/Phone:

Areas of Interest at State Parks: _____

Volunteer Skills Assessment - I have skills/experience/interest in the following areas:

<input type="checkbox"/> Athletics/Sports (ath)	<input type="checkbox"/> Engineering/Planning (eng)	<input type="checkbox"/> Recreation Programs (rcp)
<input type="checkbox"/> Accounting/Bookkeeping (act)	<input type="checkbox"/> Event Coordination (evt)	<input type="checkbox"/> Routing/Trail Signs (sgn)
<input type="checkbox"/> Bird/Animal Identification (aml)	<input type="checkbox"/> Fund Raising (fdr)	<input type="checkbox"/> Safety Training (sft)
<input type="checkbox"/> Botany/Plant ID (bot)	<input type="checkbox"/> Interpretation (int)	<input type="checkbox"/> First Aide (fsa)
<input type="checkbox"/> Clerical/Secretarial (clr)	<input type="checkbox"/> Lighthouse History (LhH)	<input type="checkbox"/> Teaching Campfire Programs (tch)
<input type="checkbox"/> Carpentry (crp)	<input type="checkbox"/> Maintenance/Repairs (mnt)	<input type="checkbox"/> Training/Supervision (trn)
<input type="checkbox"/> Computer/Data Entry (cmp)	<input type="checkbox"/> Masonry/Concrete (msn)	<input type="checkbox"/> Writing or Publications (wrt)
<input type="checkbox"/> Crafts (cft)	<input type="checkbox"/> Photography/Drawing (pho)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Children & Youth Programs (yth)	<input type="checkbox"/> Research/Statistics (res)	_____
<input type="checkbox"/> Customer Service Exp. (cse)	Languages spoken: _____	_____

Location/Park Preferred: 1st _____ 2nd _____
 3rd _____ 4th _____

List all available dates: _____ thru _____

Number of hours per week/month/year: _____

Previous/Current Occupation: _____

Educational Background: _____ School/College: _____

Courses of Study: _____

Have you ever been a volunteer for another organization or agency? No Yes If yes, please list below:

Location: _____ Dates: _____

Location: _____ Dates: _____

Location: _____ Dates: _____

References	Address, City, State, Zip & Phone	# of Years

Do you have current emergency medical or CPR training or certification? No Yes Expiration Date: _____

Do you have any medical/physical conditions we should consider when assigning tasks? _____

Have you ever been convicted of a felony? No Yes If Yes, explain: _____

How did you learn about OPRD's Volunteer Program? _____

Anything you would like us to know about you? _____

I, _____, hereby certify the information provided by me on this application is true and correct to the best of my knowledge and belief. I hereby grant the State of Oregon, Oregon Parks and Recreation Department (OPRD), my permission to verify facts contained in this application. I hereby authorize the release of any relevant information such as reference checks, driving records, criminal history, education, work history and background for verifying my eligibility to volunteer at Oregon Parks and Recreation Department (OPRD):

Applicant's Signature: _____ **Date:** _____

Salem HQ and Park Staff Use Only:

Date Application Received: _____ Action/contacted via: Phone Fax E-Mail Snail Mail

Interview Results: _____

Site Scheduled: _____ Assignment Date(s): _____

Date entered in database: _____ By: _____

Volunteer ___ is ___ is not, available for other assignments after _____

SEND APPLICATION MATERIALS TO:

Volunteer Coordinator
Oregon Parks and Recreation Department
725 Summer Street NE, Suite C
Salem, OR 97301-1271

OPRD Salem Headquarters: 503-986-0707
Toll-free Hotline: 1-877-225-9803
Direct Line: 503-986-0751 or 986-0752
Fax: 503-986-0792
Website: www.oregonstateparks.org