

City of Gresham Volunteer Application City of Gresham Volunteer Program

City of Gresham Volunteer Program 1333 NW Eastman Parkway Gresham, Oregon 97030 (503) 618-2482

		Date:		
Name:				
Address:	City:	State: Zip:		
Day Phone:	Evening Number:			
Email Address:		*Birth Date:// Month Day Year		
Availability: What days are you available to volunteer □ Monday □ Tuesday □ We		□ Friday □ Saturday □ Sunday		
What time of day is best? □ Mornings How many hours desired?		□ Evenings		
Will you be volunteering to fulfill any kind □Yes □No If yes, how many hours				
How did you hear about volunteer opport □ Brochure □ City Website □ Outrea	•	Friend Other		
What volunteer activities are you most int	terested in?			
Park/Recreation: □ Park/Trail Restoration □ Adopt-A-Park □ Adopt-A-Trail □ Special Events □ Community Gardens	East Metro Mediation: □ Teen Mediation □ Community Mediation Citizen Corps: □ CERT	Watershed Warriors □ Stream Walk/ Restoration □ Native Plantings □ Invasive Plant Removal □ Wildlife Surveys/Habitat Building □ Storm Drain Marking □ Council Advisory Committee		
Volunteers In Police: (503) 618-2824 (503) 618-2546 □ Neighborhood Watch □ Citizen Academy	 □ Fire Corps □ Preparedness Education □ Graffiti Removal Recycling Education:	□ Neighborhood Associations Other: □		
 □ Cluzen Academy □ Handicap Parking Patrol □ Cadet 	□ Outreach/Education □ Special Events	<pre></pre>		

^{*}full birth date is required to conduct a criminal history records check

Skills and abilities:								
Occupation: Employer:								
Hobbies:								
Education/special training:								
License(s): Professional Certifications:								
Do you speak any languages other	er than English? _							
Are you CPR certified? Are you First Aid certified?		Expiration da Expiration da						
Relevant Experience (paid or volu	inteer)							
Why are you interested in volunte	ering:							
Emergency Contact: Name: Phone:				nship:				
Personal References: Name:				ne:	Chata	— Zin Codo		
Relationship:			пу:		State:	Zip Code:		
Name:			Phor	ne:				
Name:Address:Relationship:		C	ity:		State:	Zip Code:		
Do you have any CRIMINAL CONVICTIONS? (Circle One): YES or NO (If YES, list charge(s) and date(s) on the back) Work you will be doing: Block Captain Citizen's Academy I hereby authorize the Gresham Police Department to conduct a criminal history records check prior to consideration for								
employment or association with the agency for official business. I understand and agree that a record of convictions, pending criminal court actions, or submitting false information may exclude me from volunteer consideration or association with the Gresham Police Department.								
I HEREBY AFFIRM THE ABOVE	INFORMATION I	S TRUE: Signa	ture			Date		
	□ QCLN		PPDS /	ССН		/		
Signature of staff conducting	records check	DPSST#	Title	e/Unit		Records Check Date		
□ APPROVED □ DEN	TED – commo	ents:						

Thank you for your interest in volunteering for City of Gresham!

The City of Gresham's programs, services, employment opportunities, and volunteer positions are open to all persons without regard to race, religion, color, national origin, sex, age, marital status, disability, or political affiliation.