



Marion County
OREGON

Application Form for a short-term volunteer

For volunteer to complete:

Last name _____ First name _____

Address _____

City _____, Oregon Zip code: _____

Daytime phone () _____ Evening phone (if different) () _____

E-mail _____

Current Employer or School: _____

Address: _____ City: _____, Oregon _____

Phone: () _____ May we contact your employer or school? Yes _____ No _____

Emergency contact person: _____ Phone: () _____

For department to complete:

Department: _____

Supervisor: _____ Phone: () _____

Work site location: _____ Start date: _____ End date: _____

Job Description (duties and responsibilities of the volunteer) _____

Received volunteer policies (if applicable) Date: _____ By: _____

To activate volunteer insurance coverage, return a copy of this form to: Glenis Chapin, volunteer services coordinator, Human Resources, Courthouse Square, 555 Court Street NE, PO Box 14500, Salem, OR 97309-5036, phone 503-588-7990, fax 503-566-3997, e-mail gchapin@co.marion.or.us.