



Marion County
OREGON

VW: _____

Volunteer and Intern Application and Placement Form

Name _____ Daytime phone _____

Address _____ Evening phone _____

City _____ Zip _____ E-mail _____

Are you under 18 years of age? Yes No

Current employer or school _____ Phone _____

Education, work or volunteer experience _____

Skills or certification _____

County department or volunteer assignment that most interests you _____

Languages you speak: _____ or write: _____

Check the days of the week you are available or prefer: Hours: _____

SUN	MON	TUES	WED	THURS	FRI	SAT
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Personal reference (not a relative)

Name _____ Address _____ Phone _____

City/St/Zip _____ Relationship _____

Volunteer or paid work reference

Name _____ Address _____ Phone _____

City/St/Zip _____ Relationship _____

I give my permission for the named references to be contacted either verbally or in writing. I also understand that information obtained will be used only in conjunction with a Marion County volunteer position. All of the information on this application is true to the best of my knowledge.

Signature _____ Date _____

Return completed application to:

Cathy Crocker, Volunteer Coordinator, Human Resources
325 13th Street NE, PO Box 14500, Salem, OR 97309-5036
phone: 503-588-7990, fax: 503-566-3997
e-mail: ccrocker@co.marion.or.us

To be filled out by staff

Referral and Placement Information for: _____

Referred to or placed:

DEPARTMENT & STAFF	VOLUNTEER POSITION	COPIES SENT BY	DATE
Volunteer Orientation Completed		Criminal History Completed	
Photo ID Tag Issued		Computer Login Issued	
Proof of Vehicle Insurance Verified		First Day of Work	
Driving History Check Completed		Last Day of Work	
Keycard Access Issued			

Comments:

To be completed by the volunteer at orientation before placement:

I have received the contents of the Marion County Volunteer Orientation information and agree to abide by the policies included in the orientation information while I am performing my official duties as a volunteer for Marion County.

Signed _____ Print name _____ Date _____

In case of an emergency, please contact:

Name: _____ Relationship: _____

Day Phone: () _____ Evening Phone: () _____

Note: Submit this completed form to Cathy Crocker, Marion County Volunteer Services Coordinator, Human Resources, 325 13th St. N.E., PO Box 14500, Salem, Oregon 97309, phone 503-588-7990, fax 503-566-3997.