



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

Marion County volunteer services likes to recognize special days such as birthdays.

(optional) Please list your birthday: Day _____ Month _____ Year _____

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:

Marion County Business Service, Volunteer Services
555 Court St NE, PO Box 14500, Salem, OR 97309-5036
E-mail: volunteer@co.marion.or.us

