



CITY OF SCIO

Volunteer Application and Placement Form

Return completed application to: Ginger Allen, City Manager, 38957 NW 1st Avenue, PO Box 37, Scio,

Name		Daytime Phone	
Address		Evening Phone	
City/Zip		Email	

Are you under 18 years of age? (circle one) YES NO

Current Employer or School		Phone	
Education, Work, or Volunteer Experience			
Skills or Certifications			

Languages that you speak: _____

Languages that you write: _____

List the hours you are available or prefer:

Sun	Mon	Tue	Wed	Thu	Fri	Sat

Personal Reference (not related)

Name		Phone		Relationship	
Address		City/State/Zip			

Volunteer or Employer Reference

Name		Phone		Relationship	
Address		City/State/Zip			

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 City of Scio volunteer position. All of the information on this application is true to the best of my knowledge.

Signature: _____ Date: _____

For Internal Use Only

Volunteer Name: _____

Referred to or Placed:

Department & Staff	Volunteer Position	Copies Sent by	Date

Enter Date Completed (if applicable)

Application		Interview	
Reference Check		Job Description Provided	
Background Check		Volunteer Orientation & Certification	
DMV Check		Insurance Coverage & Waiver	
Parental Consent Form		Auto and General Liability Waivers	

Comments

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