



ADOPT-A-PARK VOLUNTEER PROGRAM APPLICATION

Date: _____

Name of Organization: _____

Mailing Address: _____

City/State/ZIP: _____

Primary Contact & Phone: _____ Home: _____

Work: _____

Email (primary contact): _____ Cell: _____

Are you a: (please circle one) Business Nonprofit Group Neighborhood Individual Other

Which park or landscaped area are you interested in adopting?

● PARKS

- Airport Park
- Aldrich Park
- Brownfield Park
- Centennial Park
- Community East
- Community West
- Grecian Heights North
- Grecian Heights South
- Kiwanis Park
- Let 'Er Bark Dog Park
- May Park
- McKay Neighborhood
- Museum Park
- Pioneer Park
- Rice-Blakey Park
- Riverfront Plaza
- Roy Raley Park
- Sergeant City Park
- Sherwood Park
- Stillman Park
- Til Taylor Park
- Trailhead Park
- Vincent Park

● LANDSCAPED AREAS

- Exit 207, 209 or 210
- Dairy Queen Intersection
- Frazier Triangle
- Hailey Triangle

Do you have a second choice? _____

Other:

Adopt A Park participants agree to indemnify and hold harmless the City of Pendleton, its officials, employees and agents from any and all claims, causes of action, lawsuits, damages, losses or expenses, including attorney fees, arising out of or resulting from the Volunteer's (including its volunteers, officials, agents, or employees) performance of the duties require by this agreement.

X Signature/Date

Thank you for your interest in the City of Pendleton's Adopt A Park Program! Please return your completed application to Casey Brown, Special Projects Coordinator, 865 Tutuilla Road, Pendleton, OR 97801. If you have questions about the program, please call or email Casey at 541-276-8100 or casey.brown@ci.pendleton.or.us

Provide additional information surrounding any arrests charges, and/or convictions. If you have any potentially disqualifying crimes or conditions, a weighing test will determine whether you are suitable for the position. Information that is useful to making that determination includes:

- What happened when you were arrested and/or convicted?
- What did you do as a result? (List any treatment, counseling, rehabilitation, education, training or lifestyle changes that were a consequence.)
- What employment have you held since then that would demonstrate responsible behavior?
- How has your life changed since the criminal history?
- How is your criminal history relevant to the position you are seeking?

Failure to complete this section may disqualify you from consideration for employment.

CONSENT– Read before signing

I hereby consent to the criminal history, driving, education and employment background check as described above and authorize the City of Pendleton to obtain reports concerning my background as stated above. I hereby release the City of Pendleton, its officers, agents and employees from any and all liability related to using my criminal or other background information to make employment decisions. I certify the information I have provided is correct and complete. I understand that if I provide false or incomplete information, I may be denied the position or dismissal from service if discovered after employment.

Signature of Applicant _____

Date _____

Printed Name of Applicant _____



City of Pendleton Volunteer Program

Volunteer Application

Tiffany Hegarty
Volunteer Coordinator
500 SW Dorion Ave
Pendleton, OR 97801
541-966-0244
tiffany.hegarty@ci.pendleton.or.us

NAME:		BIRTHDATE:	DATE OF APPLICATION:
MAILING ADDRESS:		CITY/ZIP:	
PRIMARY PHONE:	EMAIL :	PREFERRED CONTACT METHOD: __PHONE __EMAIL	
ALTERNATE PHONE:	EMERGENCY CONTACT & PHONE:		
OCCUPATION:	EMPLOYER:		

Please mark the positions you are interested in:
(Position descriptions are listed on our website: [http://pendleton .or.us/volunteer/volunteer-opportunities](http://pendleton.or.us/volunteer/volunteer-opportunities))

LIBRARY	POLICE	ADMINISTRATION	PARKS & RECREATION
<input type="checkbox"/> Adult Program Committee <input type="checkbox"/> Check-in (over 18 yrs. old) <input type="checkbox"/> Children's Library Assistant <input type="checkbox"/> Children's Program Assistant <input type="checkbox"/> Interlibrary Loan Assistant <input type="checkbox"/> Little RE(A)D Bookshelf <input type="checkbox"/> Materials Processing <input type="checkbox"/> Shelver/Shelf Reading <input type="checkbox"/> Special Delivery to Homebound <input type="checkbox"/> Special Events/Projects <input type="checkbox"/> Technical Services <input type="checkbox"/> Teen Advisory Board Other _____	<input type="checkbox"/> Clerical/Office <input type="checkbox"/> Gardening/Grounds Keeping <input type="checkbox"/> National Night Out <input type="checkbox"/> Neighborhood Watch Coordinator <input type="checkbox"/> Special Projects <input type="checkbox"/> Events AIRPORT <input type="checkbox"/> Clerical/Office <input type="checkbox"/> Grant Writing <input type="checkbox"/> Indoor Painting <input type="checkbox"/> Website/Facebook Updating	<input type="checkbox"/> Clerical/Office <input type="checkbox"/> Special Projects FINANCE <input type="checkbox"/> Clerk OTHER: <input type="checkbox"/> Farmers Market <input type="checkbox"/> Special Projects _____	<input type="checkbox"/> Adopt a Park/Parkway <input type="checkbox"/> Breakfast with Santa <input type="checkbox"/> Daddy Daughter Dance <input type="checkbox"/> Dodge Ball Invitational <input type="checkbox"/> Halloween: Carnival/Dance <input type="checkbox"/> Main Office Substitute Receptionist <input type="checkbox"/> Ski Bus Chaperone <input type="checkbox"/> Special Events Photographer <input type="checkbox"/> Special Events/Projects <input type="checkbox"/> Sports Programs: Pitch, Hit & Run/3 on 3 Basketball Tournament/Hershey's Track <input type="checkbox"/> Summer Camps <input type="checkbox"/> Summer Parks Junior Leader (teens) <input type="checkbox"/> Teen Programs/Activities <input type="checkbox"/> Tiny Tot Olympics <input type="checkbox"/> Youth Basketball Coach Other _____

Are you willing to submit to a criminal background check? Yes No

Are you seeking Volunteer hours to fulfill a community service obligation? If so, please name the agency and the number of hours required.

What special skills, interests, or training do you have?

Where did you learn about the Pendleton Volunteer Program?

What days/times are you available to volunteer?

Monday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Friday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Tuesday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Saturday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Wednesday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	Sunday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Thursday: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	

Number of hours per week/month you are available to volunteer: _____ hours weekly _____ hours monthly

Please read and sign the back of this form.

Volunteers 18 years of age and older:

In consideration of the opportunity to volunteer with the City of Pendleton, I fully and completely release the City of Pendleton, its officials, and employees from any and all claims, demands, and liability of every nature and description whatsoever and howsoever arising by reason of my being allowed to volunteer with the City. I understand that I will be covered by the City's worker's compensation insurance* for any physical injuries that may occur during my volunteer activities. I acknowledge that any photograph or videotape taken of me participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Pendleton.

By my signature below, I verify that I understand the rights, responsibilities, and privileges of participation in the volunteer program and agree to hold harmless, release, and indemnify the City of Pendleton, its officials, and employees from liability for property damage and/or personal injury resulting from my participation in this program.

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify my supervisor as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Volunteer Signature: _____ Date: _____

Volunteers 12 through 17 years of age:

By my signature below, I verify that I am a parent or guardian of the participant and I hereby consent to his/her participation in the City of Pendleton volunteer program. I also agree to indemnify, hold harmless, and release the City of Pendleton, its officials, and employees from any liability for property damage and/or personal injury to me or my child/ward resulting from his/her participation in the volunteer program. I acknowledge that any photograph or videotape taken of my child/ward participating in this volunteer activity may be used for outreach, education, or documentation purposes by the City of Pendleton.

Parent/Guardian Signature: _____ Date: _____

I understand that my volunteer work is a commitment. When I cannot work at the assigned time, I will notify my supervisor as soon as possible. If I decide to stop volunteering, I will notify the volunteer coordinator.

Youth Volunteer Signature: _____ Date: _____

*Some activities are not covered by the City's workers compensation insurance, such as large group/civic organization volunteer group activities.

(For staff use only)

Date and initial the following:

CBC to HR:	CBC Results:	Orientation:	Interview:
Department:		Assigned Task:	
Start date:		Database Record Number:	

Notes: