



# Volunteer Application and Placement Form

Return completed application to: Newport Fire Department  
 245 NW 10<sup>th</sup> Street  
 Newport, OR 97365

Name		Date	
Address		Contact Phone #	
City/Zip		E-mail	

Are you under 18 years of age? (Circle one)      YES                  NO  
 (If under age 18, the parental consent form **MUST** be completed and returned with the completed application)

Current Employer		Phone	
From:	To:	Position	
Education, Work, or Volunteer Experience			

Former Employer		Phone	
From:	To:	Position	
Education, Work, or Volunteer Experience			

Former Employer		Phone	
From:	To:	Position	
Education, Work, or Volunteer Experience			

Former Employer		Phone	
From:	To:	Position	
Education, Work, or Volunteer Experience			

Applicable Skills and/or Certifications

---



---

**Additional Questions**

How long have you lived at your present address? \_\_\_\_\_

Are you able to perform the essential functions of the position, with or without reasonable accommodation? \_\_\_\_\_

Are you able to commit to the training, drill, and meeting requirements of the volunteer position? \_\_\_\_\_

Languages that you speak: \_\_\_\_\_

Languages that you write: \_\_\_\_\_

**List the hours you are available or prefer:**

Sun	Mon	Tue	Wed	Thu	Fri	Sat

**REFERENCES - Please provide a minimum of three personal references.**

**Personal Reference (not related)**

Name		Phone		Relationship	
Address			City/State/Zip		

**Personal Reference (not related)**

Name		Phone		Relationship	
Address			City/State/Zip		

**Personal Reference (not related)**

Name		Phone		Relationship	
Address			City/State/Zip		

**Personal Reference (not related)**

Name		Phone		Relationship	
Address			City/State/Zip		

**Personal Reference (not related)**

Name		Phone		Relationship	
Address			City/State/Zip		

**Personal Reference (not related)**

Name		Phone		Relationship	
Address			City/State/Zip		

## Agreement and Signature

I understand that I may be required to verify any and all information given on this application.

I certify that all the information provided in this application is true and accurate and I have not withheld any information relative to my application. I understand that any misrepresentation or omission, as well as any misleading statements or omissions of application information, attachments, or supporting documents may result in denial of volunteering, or immediate termination of a volunteer assignment.

I understand that an in-depth background check may be conducted prior to being accepted as a volunteer with the City of Newport. This may include, but is not limited to, a Criminal History check, a DMV check, education and certification verification, or credit check in order to determine suitability for volunteering. (You will be contacted again if an in-depth background check is utilized.)

I authorize representatives of City of Newport to contact the employers and references listed in this application (or otherwise provided by me), and any other person as developed through these contacts in order to determine my suitability for volunteering. I understand that as the process progresses I may be required to provide additional information in order that a thorough background check can be completed. I understand and agree that, if assigned to a volunteer position, my volunteer relationship with City of Newport, Fire Department is for no definite period and the relationship may be terminated at any time and without prior notice by either party.

Name (printed)	
Signature	
Date	

*The signed Volunteer Waiver and signed Release forms must be attached to the application.*

*Incomplete applications will not be considered.*

It is the policy of City of Newport to fill volunteer vacancies with the most qualified individuals. Volunteer applicants will be considered on an equal basis without regard to age, race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected under state, federal, or local law.

***Thank you for completing this application form and for your interest in volunteering with us!***

*For Internal Use Only*

Volunteer Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Referred or Placed:**

Department & Staff	Volunteer Position	Copies Sent by	Date

**Enter Date Completed (if applicable)**

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

**Comments**

*Please complete and forward to Human Resources along with the completed Background Request form.*