



## Volunteer Application and Placement Form

**Return completed application to:** City of Monroe, Attn: City Recorder, 664 Commercial St, Monroe, OR 97456  
or email to: [cityhall@monrooregon.gov](mailto:cityhall@monrooregon.gov)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Are you under 18 years of age?!!!!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:

Mon                      Tue                      Wed                      Thu                      Fri                      Sat                      Sun

### 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 Monroe volunteer position. I understand a background check is required for all volunteers and will be performed by a third-party contracted with the City. All of the information on this application is true to the best of my knowledge.*

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