

References	Address, City, State, Zip & Phone	# of Years

Do you have current emergency medical or CPR training or certification? No Yes Expiration Date: _____

Do you have any medical/physical conditions we should consider when assigning tasks? _____

Have you ever been convicted of a felony? No Yes If Yes, explain: _____

How did you learn about OPRD's Volunteer Program? _____

Anything you would like us to know about you? _____

I, _____, hereby certify the information provided by me on this application is true and correct to the best of my knowledge and belief. I hereby grant the State of Oregon, Oregon Parks and Recreation Department (OPRD), my permission to verify facts contained in this application. I hereby authorize the release of any relevant information such as reference checks, driving records, criminal history, education, work history and background for verifying my eligibility to volunteer at Oregon Parks and Recreation Department (OPRD):

Applicant's Signature: _____ **Date:** _____

Salem HQ and Park Staff Use Only:

Date Application Received: _____ Action/contacted via: Phone Fax E-Mail Snail Mail

Interview Results: _____

Site Scheduled: _____ Assignment Date(s): _____

Date entered in database: _____ By: _____

Volunteer is is not, available for other assignments after _____

SEND APPLICATION MATERIALS TO:
 Volunteer Coordinator
 Oregon Parks and Recreation Department
 725 Summer Street NE, Suite C
 Salem, OR 97301-1271

OPRD Salem Headquarters: 503-986-0707
 Toll-free Hotline: 1-877-225-9803
 Direct Line: 503-986-0751 or 986-0752
 Fax: 503-986-0792
 Website: www.oregonstateparks.org