



# VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Clatsop County. Volunteers must be at least 16 years old. Please take a few moments to provide the following information:

Please Print:

Last \_\_\_\_\_ First \_\_\_\_\_  
Middle \_\_\_\_\_

Home or Mailing Address:

\_\_\_\_\_

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

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_ Driver's license?  Yes  No

Please list in order of preference the kind of volunteer jobs that interest you:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

How can you help? Please tell us about your skill set:

## Office Skills:

Typing  Scanning  Filing  Public Outreach  Customer Service  
 Answering Phones  Data Entry

## Manual Labor:

Weeding  Painting  Animal care  Cleaning/Organization

Other Skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Amateur Radio Equipment & Experience:

Call Sign: \_\_\_\_\_ MARS Call Sign (if any): \_\_\_\_\_

Operator Class: \_\_\_\_\_ License Expires: \_\_\_\_\_

## Experience:

HF  VHF  UHF  Packet (WinLink)  Pactor  
 EchoLink  CW (Morse Code) WPM \_\_\_\_\_  Net Control (Nets) \_\_\_\_\_   
Other \_\_\_\_\_

Radio	Band/Mode												
Equipment	10M	6m	2m	1.25m	70cm	HF	FR S	GMR S	MUR S	NOA A	Digital	Echolink	APRS
Handheld													
Mobil													
Base													

**Emergency Equipment & Training:**

**Equipment:**

- Emergency Home Power     4-Wheel Drive Vehicle    **Go Kit(s):**  Personal     CERT  
 Radio

**Training:** (Give year completed. Provide copies of course certificate of completion/participation.)

**FEMA:**

- ICS 100 \_\_\_\_\_     ICS 200 \_\_\_\_\_     ICS 300 \_\_\_\_\_      
 ICS 400 \_\_\_\_\_     ICS 700 \_\_\_\_\_     ICS 800 \_\_\_\_\_      
 Other \_\_\_\_\_

**ARRL Courses:**

- E-COMM 1 \_\_\_\_\_     E-COMM 2 \_\_\_\_\_     E-COMM 3 \_\_\_\_\_

**American Red Cross:**

- DAT \_\_\_\_\_     Sheltering \_\_\_\_\_     First Aid \_\_\_\_\_     CPR/AED \_\_\_\_\_   
 Bloodborne Pathogens \_\_\_\_\_     Search & Rescue \_\_\_\_\_  
 Large Animal Rescue \_\_\_\_\_

**Other:**

- CERT \_\_\_\_\_     CERT Trainer \_\_\_\_\_     Other \_\_\_\_\_

**Current Organizational Memberships:**

- |   |  |
|---|--|
| <input type="checkbox"/> AuxComm (Auxiliary Communications)       | <input type="checkbox"/> Red Cross       |
| <input type="checkbox"/> SEARC (Sunset Empire Amateur Radio Club) | <input type="checkbox"/> DART            |
| <input type="checkbox"/> CERT- City Affiliation _____             | <input type="checkbox"/> Search & Rescue |
| <input type="checkbox"/> CERT-County                              | <input type="checkbox"/> STARS           |
| <input type="checkbox"/> Emergency Management/ EOC Volunteer      | <input type="checkbox"/> VOAD            |
| <input type="checkbox"/> MRC (Medical Reserve Corps)              | <input type="checkbox"/> VOST            |
|   | <input type="checkbox"/> WHO             |

Please briefly describe your pertinent experience and/or training. (Having no previous experience or training will not disqualify you from volunteering.):

Why are you interested in volunteering? \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

What days and times are you available to work? \_\_\_\_\_

List the maximum hours per week you are willing to volunteer: \_\_\_\_\_

Most volunteer work requires a commitment of time. Please tell us how long you would be available:

- 1-3 months     6-12months     One year plus     Special project/event

Will your volunteer service fulfill any of the following?

- Community Service     Work-study     Job Training

Are you currently volunteering with the county in any other capacity?

\_\_\_\_\_  
\_\_\_\_\_

Do any relatives work or volunteer with the county? If so, who?: \_\_\_\_\_

Please list any reasonable accommodations needed for you to perform volunteer work:

\_\_\_\_\_  
\_\_\_\_\_

**Please be advised that if you volunteer to work with or around children, a background investigation may be required prior to your application being approved.**

My signature below affirms that all information is true and correct to the best of my knowledge and that I understand any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my acceptance as a volunteer with the county, may result in my dismissal. Information I provide on this application may become part of the public record.

**Volunteer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Forward this completed form to Clatsop County Human Resources, 800 Exchange St. Ste 408, Astoria OR 97103, or email it to [hr@co.clatsop.or.us](mailto:hr@co.clatsop.or.us) .**

**HUMAN RESOURCE USE ONLY:**

Clatsop County Volunteer Application (cont'd)

Application:    Accepted        Denied        Assigned        Reason: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

Department Placed: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start date: \_\_\_\_\_ End Date: \_\_\_\_\_