City of Lyons 503-859-2167
449 5th St, Lyons, OR 97358
cityoflyons@wavecable.com

Lyons Public Library 503-859-2366
Physical Location: 279 8th St, Lyons
Mailing: 448 Cedar St, Lyons, OR 97358
lyonslibrary@cityoflyons.org

APPLICATION FOR VOLUNTEERS

Today's Date: _____

Personal Information

Name: _____ Other Last Name: _____
Address: _____ City: _____ State: ____ Zip: _____
Additional Address if less than 5 years: _____
Phone: Home: _____ Work: _____ Cell: _____
Email: _____ Emergency Contact: _____
Why are you interested in Volunteering? ☐ Personal Interest ☐ Educational Credits ☐ Other _____
Age: ____ over 18 ____ under 18
Have you ever worked or do you currently work for the City of Lyons? ____Yes ____ No
Have you ever received services from the City of Lyons/Lyons Public Library? ___Yes ___No
Do you have a valid driver's license? ____Yes ____No
Do you have a car available for use while volunteering? _____Yes _____No

Experience and Education

What is your educational/training background? _____

What is your employment history? _____

Have you had any previous experience as a volunteer? If so, with what organizations and what kind of work did you do? _____

Your Interests at the City of Lyons

How did you hear about volunteer opportunities?

☐Posting ☐Website ☐School ☐Employee ☐Current Volunteer ☐Other

Please specify _____

What opportunities or areas of interest do you wish to further explore? _____

_____

_____

_____

_____

How long can you commit to volunteer? ☐One time ☐Occasionally ☐3-6 months ☐6 months or more ☐Other _____

What days are you available? ☐Mondays ☐Tuesdays ☐Wednesday ☐Thursdays ☐Fridays ☐Saturdays

What times are you available? ☐Mornings ☐Afternoons ☐Evenings ☐Weekends

Do you prefer to work (check all that apply) ☐Directly with people ☐Behind the scenes ☐Computers ☐Maintenance ☐Indoors ☐Outdoors ☐No preference

Hobbies/interests: _____

_____

Skills you would like to use while volunteering: _____

_____

_____

List any special needs, limitations or restrictions we should be aware of: _____

_____

_____

Date you can begin volunteering: _____

Criminal History

All volunteer positions require a Criminal History check. Do you authorize the City of Lyons to perform a Criminal History check? ☐Yes ☐No

Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a felony? ☐Yes ☐No If yes, please explain: _____

_____

_____

Please describe why you want to be a volunteer with the City of Lyons.

What do you hope to gain from being a volunteer?

The City of Lyons/Lyons Public Library considers applicants for volunteering without regard to sex, race, age, religion, national origin, veteran or marital status, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship. If you need a reasonable accommodation in the pre-placement process, please contact the City Manager.

AUTHORIZATION AND AGREEMENT BY APPLICANT

1. I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.
2. I consent to having the City of Lyons complete a criminal background check prior to volunteering.
3. I agree to complete a drug screening IF relevant to the position for which I am applying.

_____ _____
Signature of Applicant Date

_____ _____
Parent / Guardian Signature (Required if less than 18 years of age.) Date

DRUG AND ALCOHOL TESTING CONSENT

The City of Lyons recognizes the costs to society and to individuals from drug and alcohol use. The City of Lyons maintains a firm commitment to strive to provide reliable service to its citizens/patrons and a safe and healthy work environment for its volunteers. While most volunteers are not involved with alcohol abuse or illegal drugs, those who are can have an adverse impact on the workplace, as well as their own job performance. To meet our obligations and to comply with our obligation under the Drug Free Workplace Act of 1988, the following policy has been adopted and will be enforced:

1. The City prohibits the unlawful use, sale, possession, manufacture, distribution, or being under the influence of alcohol, drugs or any controlled substance, on City property, in the presence of citizens/ patrons, while on duty, during rest periods and break periods, while operating City equipment or attending a City-sponsored event.

2. Volunteers who violate this prohibition will be terminated immediately for any violation of these policies. Nothing in this policy restricts the City's right to terminate a volunteer at any time, with or without notice, for any reason not expressly prohibited by law.

3. The City retains the right to require any volunteer to report for drug and/or alcohol testing for reasonable suspicion or following an accident in which there is injury to persons or damage to property.

4. Volunteers must abide by the terms of this statement and must notify the employer of any criminal drug conviction within five days of the conviction.

I have read and understand the Drug Free Workplace Compliance Statement. I agree to comply with the City of Lyons' Drug and Alcohol Policy. I consent to testing according to the City of Lyons' policy.

_____ _____
Signature of Applicant Date

_____ _____
Parent/Guardian Signature (Required if less than 18 years of age.) Date

City of Lyons 503-859-2167
449 5th St, Lyons, OR 97358
cityoflyons@wavecable.com

Lyons Public Library 503-859-2366
Physical Location: 279 8th St, Lyons
Mailing: 448 Cedar St, Lyons, OR 97358
lyonslibrary@cityoflyons.org

VOLUNTEER REFERENCE CHECK

_____ is applying for a Volunteer position with the City of Lyons and has listed you as a reference. Please assist us by returning this completed form to City of Lyons City Hall or Lyons Public Library.

Reference:

Name: _____ Title: _____

Affiliation: _____

Please describe your relationship with the applicant and the number of years/months you have been acquainted:

_____
_____
_____

What are some of the applicant's greatest strengths?

_____
_____
_____

What are some of the applicant's challenges?

_____
_____
_____

Would you recommend this person to volunteer with the City of Lyons/Lyons Public Library?
Yes_____ No_____

Please explain: _____
_____
_____

Please provide a phone number or email where we can best reach you: _____

Signature: _____ Date: _____