



**Multnomah Arts Center**  
7688 SW Capitol Highway  
Portland, OR 97219  
Contact: (503) 823-2787  
pkmwalsh@ci.portland.or.us  
[www.MultnomahArtsCenter.org](http://www.MultnomahArtsCenter.org)

## MAC Volunteer Application

The Multnomah Arts Center appreciates reliable and dependable volunteers. If you are interested in volunteering, please fill out this form and return it to the MAC office. By filling out this form, it gives the MAC staff a general idea of what you're interested in and what hours you are available. Thank you for taking the time to let us know that you are willing to volunteer. We appreciate you!

### General Information

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

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
First Last

E-mail Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City State Zip

What is your affiliation with the MAC? \_\_\_\_\_

Why do you want to volunteer at the MAC? \_\_\_\_\_

What days and hours are you available? Mon: \_\_\_\_\_ Tues: \_\_\_\_\_

Wed: \_\_\_\_\_ Thurs \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Are you available on a regular basis? Yes  No

May we call you the day of for helping with urgent situations? Yes  No

### Volunteer Opportunities

Below is a partial list of volunteer opportunities available at the MAC. Please let us know which ones you are interested in.

#### Ongoing:

- General maintenance (simple repairs, upkeep, installations)
- Bookkeeping
- Writing, Editing, & Proofreading
- Database Entry
- Web development & maintenance
- Office Assistant (making & answering calls, front desk help)
- Volunteer Coordination
- E-newsletter
- Other Ideas: \_\_\_\_\_

#### Special Events:

- Special Event Assistant
- Work Party
- Other Ideas: \_\_\_\_\_





**Multnomah Arts Center**

**Portland Parks & Recreation  
Application for Volunteer Service**

**Check here if Returning Volunteer** (if your information is the same just print your name, tel. # & sign at the bottom)

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
First Last

**Address:** \_\_\_\_\_  
Number/Street City State Zip Code

**Phone:** Day \_\_\_\_\_ Eve \_\_\_\_\_ Cell \_\_\_\_\_ **Date Of Birth:** \_\_\_\_\_

**In Emergency, Notify:** \_\_\_\_\_

Name Phone Relationship

**Insurance Information for Volunteers**

Thank you for volunteering your time and energy with Portland Parks & Recreation. We are happy to have you with us and hope the time you spend will be rewarding to you.

We have an excellent safety record for our volunteer program. We don't anticipate that you'll be involved in an accident, but it is important you understand the extent to which our volunteer program is covered by the City of Portland insurance. We want you to be aware of any potential risks involved with the tasks you have selected and use good judgement in performing those tasks.

**As a volunteer, you are NOT covered by the City of Portland's Workers Compensation program.** You are urged to have your own health insurance in the event you are injured while performing your volunteer duties.

**You ARE covered by the City's General Liability Fund.** This will protect you in the event of property damage or accidental injury to the public as a result of your volunteer duties assigned by Portland Parks & Recreation.

**If you drive a motor vehicle as part of your volunteer duties, you must have a valid Oregon Driver's License.** If you drive a City vehicle, you'll be covered for property damage or bodily injury to others resulting from a vehicle accident. You should have your own health insurance to cover yourself. If you wish to drive your own vehicle to perform your volunteer duties, the above coverage applies; however, the City will not be responsible for any damage to your vehicle, so you must carry your own auto insurance for this purpose.

I have read and understand the above insurance information on for volunteers.

(Check if a group leader) I agree to convey this information to all members of my group.

\_\_\_\_\_  
SIGNATURE (Guardian if volunteer is under 18)

Portland Parks & Recreation programs and services reflect the cultural diversity of our community.  
We do not discriminate on the basis of religion, race, color, national origin or disability.

**Multnomah Arts Center**  
7688 S.W. Capitol Hwy.  
Portland, OR 97219  
Tel: (503) 823-2787

**Administration**  
1120 S.W. 5th Ave., Suite 1302  
Portland, OR 97204  
Tel: (503) 823-7529 Fax: (503) 823-6007



# PORTLAND PARKS AND RECREATION CRIMINAL RECORDS CHECK CONSENT FORM

PORTLAND PARKS  
& RECREATION

Position: \_\_\_\_\_ Site: \_\_\_\_\_

Full time Employment     Part time Employment     Volunteer

In order to serve the best interest of the citizens of Portland, Portland Parks conducts a criminal background check on all new employees and volunteers. If you have been convicted of an offense other than a minor traffic violation or juvenile offenses, please provide details on a separate sheet of paper. Indicate the date, charges, disposition, and the state and county in which the offense occurred. **Conviction history will not automatically disqualify you from volunteer status but factors such as the nature and gravity of the crime, the length of time that has passed since the conviction, the completion of any sentence and the nature of the job for which you have applied, will be considered.**

By your signature, you authorize Portland Parks to obtain information about you and your history. Falsification of information on this form will disqualify you from employment.

### PLEASE PRINT THE FOLLOWING INFORMATION IN INK.

**FULL NAME** (List all other names used - aliases, maiden name, and any other previous names used)

**FULL NAME:** \_\_\_\_\_ **OTHER NAMES USED:** \_\_\_\_\_  
(Last                      First                      Middle)

**DATE OF BIRTH:** \_\_\_\_\_ **SOCIAL SECURITY #:** NOT APPLICABLE TO VOLUNTEERS **DRIVERS LICENSE:** \_\_\_\_\_  
(#/State)

**HOME ADDRESS:** \_\_\_\_\_ **CITY/STATE/ZIP:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_

How long have you lived in Oregon?			
<i>If less than 7 years continuous in Oregon, please complete the following:</i>			
City	State/Zip	County (if known)	Dates
Dates available for employment: From		To	
Will you accept weekend work?			

**HAVE YOU EVER BEEN CONVICTED OF ANY CRIME?**      Yes       No

Please list **ALL** criminal convictions made against you (use reverse side of form, if necessary)

NAME (when charged)	CONVICTION	DATE (approximate)	WHERE OCCURRED (City & State)

**If your position applied for involves driving**, have you ever been convicted, pleaded nole contredre or forfeited bond or bail for any traffic violation in the past 3 years?    Yes     No     **If yes, please explain on reverse side of form.**

I have made no willful misrepresentations, omissions, or falsifications of any of the preceding answers. I am aware that should investigation disclose such misrepresentations, falsifications, or omissions in the information I have submitted in the application process, my application will be rejected. If, after acceptance for employment, subsequent investigation should disclose misrepresentation, falsification, or omission, it will be just cause for immediate dismissal.

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

