

Hillsboro Tuesday



Market  
place



Meet me at Tuesday Marketplace!

### VOLUNTEER APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Employer/School \_\_\_\_\_

Age group - Circle one            16-17            18-over

Why do you want to volunteer here? \_\_\_\_\_

\_\_\_\_\_

How long will you be available to volunteer? \_\_\_\_\_

In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Means of transportation \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Exp \_\_\_\_\_

.....

Experience with markets: Where \_\_\_\_\_ When \_\_\_\_\_

Civic/Club Associations, Special Interests, Hobbies \_\_\_\_\_

Volunteer Experience \_\_\_\_\_

How did you learn about our volunteer program? \_\_\_\_\_

If you are interested in volunteering, you must be able to stand for long periods, twist, squat. Knowing these basic requirements, are you able to fulfill these physical actions? \_\_\_\_\_

Does your current health allow you to work outside? \_\_\_\_\_

If you have health problems that might affect your volunteer work here, have you talked with your medical care provider? If yes, please explain. \_\_\_\_\_

T-shirt size \_\_\_\_\_

### **Additional application questions**

The following questions will help us make an appropriate match for you with our volunteer opportunities. Please answer the questions and send with your application form. Thank you.

1. Please describe your experience with markets.

2. Please describe your experience serving customers and interacting with the general public on the telephone and in person.

3. Describe what you feel are your strongest skills.

**PLEASE READ THIS DOCUMENT IN FULL BEFORE SIGNING**

If I am selected as a volunteer, I understand that I serve at the discretion of Hillsboro Tuesday Marketplace and will commit to perform volunteer duties for at least eight (8) hours per month for at least three (3) months. In addition I will conform to the guidelines and procedures set forth by this division and the Marketplace staff.

**Release Form - Volunteer Program**

I, \_\_\_\_\_ (please print name) (am) (am not) over the age of eighteen. I am requesting to work as an unpaid volunteer through the Hillsboro Tuesday Marketplace, and to assist the employees of the Marketplace during the performance of their official duties. I understand that if I am injured while volunteering, I must report the injury. I also might be asked to seek professional medical care to treat the injury at a local urgent care center. My personal medical insurance will be billed for this expense.

I understand that Hillsboro Tuesday Marketplace does not provide any medical insurance for volunteers nor makes any payments to reimburse the costs of any medical treatment resulting from volunteering at the Hillsboro Tuesday Marketplace.

I hereby grant permission to the Hillsboro Tuesday Marketplace the use of my photograph to promote the Marketplace.

I hereby represent that I have carefully read and understand the contents of this and I sign this document voluntarily.

DATED \_\_\_\_\_ SIGNATURE \_\_\_\_\_

If volunteer applicant is under 18, as a parent or guardian, I understand that my son/daughter volunteers at his/her own risk. I hereby grant permission for him/her to perform volunteer work for the Tuesday Marketplace

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Office Use:

Referred to \_\_\_\_\_ Date \_\_\_\_\_ Referred to \_\_\_\_\_ Date \_\_\_\_\_  
Rcv'd app notice \_\_\_\_\_ Date sent invitation to orientation \_\_\_\_\_  
Orientation/Handbook \_\_\_\_\_ Date \_\_\_\_\_ Training \_\_\_\_\_ Date \_\_\_\_\_  
Start date \_\_\_\_\_ Job \_\_\_\_\_  
Schedule \_\_\_\_\_