

HILLSBORO TUESDAY MARKETPLACE

400 E. Main St, Ste. 140 Hillsboro OR 97123 – 503-601-0478

VOLUNTEER APPLICATION

Volunteer position I am applying for: _____

Name _____

Address _____ City _____ Zip _____

Home Phone _____ E-mail: _____

Cell Phone _____ Business Phone _____

Occupation _____ Employer/School _____

Age group - Circle one 16-17 18-over Under 16, with adult help

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 _____

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 three (3) hours per week. 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 _____

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.

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 _____