

City of Gresham Volunteer Application

City of Gresham Volunteer Program 1333 NW Eastman Parkway Gresham, Oregon 97030 (503) 618-2482

| | | Date: | | | |
|---|--|--|--|--|--|
| Name: | | | | | |
| Address: | City: | _ State: Zip Code: | | | |
| ay Phone: Evening Number: | | | | | |
| Email Address: | | | | | |
| Availability: What days are you available to voluntee I Monday I Tuesday I Wede | | Month Year | | | |
| What time of day is best? Output Description: Mornings Afternoons Description: Evenings | | | | | |
| Will you be volunteering to fulfill any kind of requirement? □ Yes □ No If yes, how many hours? What organization? | | | | | |
| How did you hear about volunteer opportunities with the City? | | | | | |
| What volunteer activities are you most interested in? | | | | | |
| Park/Recreation: Park/Trail Restoration Adopt-A-Park Adopt-A-Trail Adopt-A-Road Gresham Japanese Garden | Watershed Warriors: Stream Walk Bird & Wildlife Surveys Volunteer Events Habitat Box Building Storm Drain Marking Backyard Habitat Program | Public Safety: Citizen Volunteers in Policing Emergency Preparedness Neighborhood Watch Youth & Family: Second Home Student Mentoring Other: | | | |
| Community Building: Neighborhood Associations East Metro Mediation Green & Clean Main City Saturdays Gresham Arts Festival | Backyald Habitat Program Natural Area Restoration Pollinator Gardens Recycling Education: Outreach/Education Earth Day Collection Event | | | | |

| Skills and abilities: | | | | | |
|--|------------------------------------|------------------------------|-----------|--|--|
| Occupation: | Emplo | oyer: | | | |
| Hobbies: | | | | | |
| Education/special training: | | | | | |
| License(s): | e(s): Professional Certifications: | | | | |
| Do you speak any languages other that | in English? | | | | |
| Are you CPR certified? Are you First Aid certified? | □ Yes □ No □ Yes □ No | • | | | |
| Relevant Experience (paid or voluntee | er) | | | | |
| Why are you interested in volunteering | ng? | | | | |
| Emergency Contact: Name: Phone: | | onship: | | | |
| Personal References: | | | | | |
| Name: | | | | | |
| Address: Relationship: | City | State | 2ip code | | |
| Name: Address: | Phone | : | | | |
| Address: Relationship: | | State: | Zip Code: | | |
| | | | | | |
| | | | | | |
| Thank you | for your interest in volur | teering for City of Gresham! | | | |
| The City of Gresham's programs, services, em race, religion, color, national origin, sex, age, program visit <u>https://greshamoregon.gov/Vc</u> | marital status, disability, or | | | | |