

Tillamook Forest Center

Volunteer Application



Please fill in this application (one person per form) and return it to the Tillamook Forest Center Volunteer Coordinator (contact information on back). Your skills and interests will be reviewed against volunteer positions that are available. You may be asked to an informal interview either over the phone or in person.

Name _____
Last First MI

Social Security # _____ Driver's License # _____ State of Issue _____

Date of Birth _____ Occupation/ Retired _____

Permanent Address _____
Street

City State Zip

Alternate Address

(if applicable)

Street

City State Zip

Phone (____) _____ - _____ | (____) _____ - _____ | (____) _____ - _____
Home Cell Other

Email Address _____

I am interested in:

Day Volunteer

How many? _____ days per month
_____ days per week
_____ hours per day

Site Host

Which dates/months? _____

There are several volunteer positions at the Center with various job duties. Please check the opportunities that interest you. (Position Descriptions are available to review upon request.)

- Facility & Grounds Maintenance
- Education Program (school groups)
- Gift Shop & Front Desk
- Interpretation Program (public programs and informal roving)

Do you have any medical or physical limitations we need to accommodate when assigning volunteer duties to you? (If yes, please describe)

Do you have a current CPR & first aid certification? (not required) Yes No

Please describe in a few sentences how your background and experiences can be put to use as a volunteer at the Center. For example, you may have firefighting experience, you may have been a teacher in natural resources, or you may know a lot about the Tillamook Burn and Tillamook State Forest.

Why are you interested in volunteering at the Tillamook Forest Center?

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Previous Volunteer Experience

Volunteer Position _____ Organization _____

Dates _____ Supervisor _____ Phone (_____) _____ - _____

May we contact? Yes No

Volunteer Position _____ Organization _____

Dates _____ Supervisor _____ Phone (_____) _____ - _____

May we contact? Yes No

References (personal or past employers)

Name _____ Title _____

How do you know them? _____

Phone # (_____) _____ - _____ May we contact? Yes No

Name _____ Title _____

How do you know them? _____

Phone # (_____) _____ - _____ May we contact? Yes No

Certification & Signature

I understand that any verbal or written statement that is false, fraudulent or misleading that is contained in this application or attached materials, or made in the course of any related process, whether made by me or by others at my request, will result in rejection of my application, denial of volunteer service, or dismissal from volunteer service if discovered after volunteer service begins.

- I certify that all statements contained herein are true and complete whether made by me or by others at my request.
- I authorize the State of Oregon to verify education and training information provided on this application.
- I authorize the State of Oregon to check my driving record if the position for which I am applying requires driving.
- I understand that this application is subject to a criminal violation and record check.
- I release the State of Oregon and all providers of information from any liability as a result of furnishing and receiving any information related to the State of Oregon’s volunteer program hiring process.

Signature _____ Date _____

Please contact:

with questions and to return your application

Jen Warren, Volunteer Coordinator
(503) 815-6808 | (866) 930-4646 | jwarren@odf.state.or.us
45500 Wilson River Highway
Tillamook, OR 97141

Office Use Only

Received _____ Contacted _____ Staff _____ Scheduled? Yes No Dates _____

Action Taken _____
