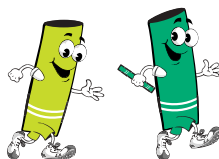


# COUNTRY FINANCIAL® KIDS RELAYS



## June 1, 2019

**Attached you will find two forms that you need to fill out and turn in:**

1. **City of Salem Background Check.** All volunteers for the COUNTRY Financial Kids Relays are required to fill out and sign a background check form.
2. **Volunteer Assignment Sheet.** Fill in the hours you wish to volunteer, your t-shirt size, and your preference for the volunteer positions you would like to work in.

If you have an email address, please include it (as legibly as possible). Reminders and additional instructions are sent out by email to all volunteers.

### **Let Us Know Your Availability**

If you are volunteering for only a morning or afternoon shift, please check the box if your schedule would permit changing the time you selected (moving from morning to afternoon or afternoon to morning). We would like to contact you if necessary to balance out the number of volunteers over the entire day.

### **Turn in Your Forms As Soon As Possible**

While the deadline to turn in these two forms is **Friday, May 24, 2019**, it helps us with our planning and preparation if you turn them in *as soon as possible*.

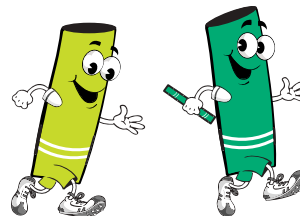
**High school students:** Turn in your forms to your school office. Otherwise, return by mail to the address at the bottom of the volunteer form.

### **Notes About Day of Race**

Allow a little extra time when arriving to find a parking spot and then time to walk to the volunteer check-in. Snacks and drinks are available all day in the volunteer break room under the grandstands. In addition, lunch (sandwich) will be provided between 11:30 a.m. and 1:30 p.m.

## **Thanks in advance for volunteering!**

# COUNTRY FINANCIAL<sup>®</sup> KIDS RELAYS



## June 1, 2019 Volunteer Assignment Sheet

Name \_\_\_\_\_ School/Organization \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Year of birth \_\_\_\_\_

**T-shirt size (Adult sizes)**       Small     Medium     Large     XL     XXL

On the day of the event, you will need to check in at the Volunteer Booth and wear the shirt provided. All other attire should be non-revealing, comfortable to move in, and reflect expected weather conditions.

### Hours you would like to volunteer

- All day (7:00 a.m.–5:00 p.m.)  
 Morning shift (7:00 a.m.–noon)     Afternoon shift (11:30 a.m.–5:00 p.m.)

If your preferred shift is morning or afternoon and your schedule is flexible, would you consider switching to the other half-day shift if needed to balance the number of volunteers?

- Yes, contact me.

### Positions you would like to volunteer for

(indicate at least three and rank first choice=1, second choice=2, etc.)

- |                          |  |
|--------------------------|--|
| _____ Awards             | Hand out ribbons to finalists                                      |
| _____ CCTV               | Assist with running cameras  |
| _____ Concession stand   | Sales  |
| _____ Drop off (runners) | Take athletes from parents and place with school                   |
| _____ Escort             | Take late arrivals to their school tents                           |
| _____ Finish line ribbon | Hold ribbon at the finish line                                     |
| _____ Lunch room         | Assist with food for volunteers                                    |
| _____ Pick up (runners)  | Hand over athletes to their parents at end of grade races          |
| _____ Picker             | Help at the finish line and report place to timer                  |
| _____ Program fliers     | Stand at gate to stadium, distribute fliers and provide directions |
| _____ Runner             | Take athletes to their positions on the track                      |
| _____ Runner finish line | Take finishers and race results to scoring table                   |
| _____ Scorer's table     | Enter race results into computer, center point for schools         |
| _____ Stadium/Infield    | Crowd control and information for people entering/exiting stadium  |
| _____ Timer              | Time races   |
| _____ As needed          | Willing to work in any position depending on need                  |

**Please submit application ASAP. Deadline to submit application is May 24, 2019.**

**High school students:** Turn in forms to your school office, or return assignment sheet and application by mail:

Optimist Club of Salem  
 PO Box 262  
 Salem, OR 97308

If you have questions or a conflict and must change your scheduled volunteer time, please contact Bruce Gilbertson at **503-390-1292**, Ken Johnson at **503-990-6315**, or **saleoptimist@gmail.com**.



**Public Works Department**

555 Liberty Street SE, Room 325, Salem OR 97301-3513  
503-588-6211

**VOLUNTEER APPLICATION**

Position applied for or area of interest: \_\_\_\_\_

*A new application must be submitted for each program in which an individual is volunteering.*

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Please list any other names previously used: \_\_\_\_\_

Date of Birth: (Month) \_\_\_\_\_ (Date) \_\_\_\_\_ (Year) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Driver's License Number / State / Type: _____ / _____ / _____
List other states where you have resided as an adult (over the age of 18):	Expiration Date (Month/Year): _____ / _____  Is your license currently suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Have you ever been convicted of or plead guilty or no contest to a misdemeanor or felony?**  Yes  No

If yes, please give dates, charge(s), location (state and county of conviction), and any other information you feel should be considered in the evaluation of your application. Also, include in your answer any warnings or convictions or any alcohol/drug related driving offenses. Attach explanation on a separate sheet of paper.

I have read the statements on the reverse side of this document, reviewed all of the information provided, and any attachments or supporting documents. I agree that a copy of this document is as valid as the original.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If the above applicant is a minor (under the age of 18), as the parent/guardian, I agree to the above statements in their entirety. I further give my permission for this applicant to be considered a candidate for a volunteer position with the City of Salem.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



## Public Works Department

555 Liberty Street SE, Room 325, Salem OR 97301-3513  
503-588-6211

### **VOLUNTEER AGREEMENT**

I certify that all answers to the questions and statements on the volunteer application, attachments, and/or information provided in interviews are true and complete to the best of my knowledge.

I authorize the release of any and all information concerning myself for the purposes of volunteering with the City of Salem. I understand that an investigation into my affairs will include, but is not limited to, all entries wherein I have been mentioned as being arrested for any crime, violation, infraction, or offense; any entry naming me as a suspect in any crime, violation, infraction, or offense; any entry naming me as a witness, victim, complainant, or otherwise involved or named in any report by any member agency of the City of Salem.

I authorize any past/present employers and educational institutions to release information concerning my work or educational history to be used solely in determining my qualifications for this volunteer opportunity.

I understand that should the City learn, at any time, of any untruthful, misleading, falsified or omitted answers, my volunteer application may be rejected, my name removed from consideration, or my service with the City terminated.

I understand that if I am retained as a volunteer with the City of Salem I cannot expect continued service or to automatically be retained on a regular basis. As a volunteer, I understand that I have no due process rights with respect to property interests to the volunteer assignment.

I hereby release the City of Salem, its member agencies, and all of their officers and employees, from any liability or damage, either direct or indirect, which may result from furnishing the information requested and will hold harmless the City of Salem from the provision or use of any information so obtained regardless of whether it should be later proven to be factual or not factual.

As a registered volunteer for the City of Salem Public Works Department, you are considered an agent of the City of Salem. There is no monetary reimbursement; however, the City does provide the following benefits:

1. The City of Salem provides volunteers with secondary medical insurance for accidental injury while the volunteer is actively working. This insurance is provided at no cost to the volunteer.
2. To the extent that the volunteer is acting in the course and scope of his or her assigned duties, the City of Salem will extend general liability coverage to Oregon's tort limits to the volunteer.

As a registered volunteer, you agree to meet the following requirements:

1. Complete and submit the City's volunteer application/agreement.
2. Have the desire and patience in working with children/people of all ages to facilitate their physical, social, and psychological development.
3. Agree to uphold the program's philosophy, goals, and guidelines.
4. Represent the City of Salem Public Works Department in a positive, constructive manner.
5. Be a good role model for children, parents, and fellow colleagues.
6. Coordinate, supervise, and conduct all activities in an invigorating environment.
7. Follow the emergency and reporting procedures as outlined by your supervisor.
8. Communicate problems, suggestions, or concerns to your supervisor in a timely manner.
9. Agree that the City may use, reproduce, disclose, and distribute volunteer's name and/or likeness for City marketing purposes.



**Public Works Department**

555 Liberty Street SE, Room 325, Salem OR 97301-3513  
503-588-6211

**VOLUNTEER INFORMATION/RELEASE FORM**

In case of an emergency, please notify:	
Relationship:	Telephone:
Address:	

I request and authorize the release of any and all information concerning myself for the purposes of volunteering with the City of Salem. I further understand that an investigation into my affairs will include, but is not limited to, all entries wherein I have been mentioned as being arrested for any crime, violation, infraction or offense, any entry naming me as a suspect in any crime, violation, infraction or offense, any entry naming me as a witness, victim, complainant, or otherwise involved or named in any report by any member agency of the City of Salem.

I, and all of my successors and heirs, hereby forever release the City of Salem, its member agencies, and all of their officers and employees, from any liability or damage, either direct or indirect, which may result from furnishing the information requested and will hold harmless the City of Salem for the provision or use of any information so obtained regardless of whether it should be later proven to be factual or not factual.

I further agree that a copy of this release is as valid as the original.

Applicant Signature:	Date:
Printed Name:	

If the above applicant is a minor, as the parent/guardian, I agree to the above statement in its entirety. I further give my permission for this applicant to be considered as a candidate for a volunteer position with the City of Salem.

Parent/Guardian Signature:	Date:
Printed Name:	