

CITY OF SHADY COVE

22451 Highway 62 • P.O. Box 1210 • Shady Cove, OR 97539 Phone: 541-878-2225 • Fax: 541-878-2226

APPLICATION FOR SHADY COVE VOLUNTEER GROUP

PLEASE PRINT

APPLICANT INFORMATION						
Name:						
Physical Address:						
City:	State:		Zip:			
Mailing Address:						
City:	State:		Zip:			
Home Phone:	Cell Phone:		,			
Email Address:						
Current Occupation: (If retired or unemployed, state your general or past profession.)						
How long have you lived in Shady Cove? (Opt	tional)					
How long have you lived in Jackson County?	(Optional)					
Days/Times of Best Availability:						
Are you a current or past employee of the City of Shady Cove, an occasional or potential contract employee, or do you have any other real or potential conflict of interest in working or serving in this capacity?						
If yes, please describe:						
AREAS OF INTEREST/EXPERTISE						
Please list areas of interest/expertise. This information will be used to match you to volunteering opportunities that are best						
aligned with your interests and skills.						

Interest/expertise continued (if necessary):				
AREAS OF NO INTEREST				
Please use this space to let us know of jobs that you are NOT interested in helping with:				
By signing this application, electronically or otherwise, I affirm that all information included is true and accurate to the best of my knowledge. I authorize the City of Shady Cove to publicly discuss the information provided herein and to assist in responding to any questions asked which are relevant to this position. I further understand that I may be asked to complete a background check.				
Signature of Applicant	Date			

How to Submit:

TCorrigan@shadycove.org Email:

In Person 22451 Hwy 62

By Mail PO Box 1210 Shady Cove, OR 97539

Questions?Call City Hall at 541-878-2225 or send an email to the email as listed above.

CITY OFFICE USE ONLY			
DATE RECEIVED		INITIALS	

The City of Shady Cove is an Equal Opportunity Provider.