



CITY of REEDSPORT

451 Winchester Avenue
Reedsport, OR 97467-1597
Phone (541) 271-3603
Fax (541) 271-2809

Reedsport K9 Shelter Volunteer Application

Name: _____

Address: _____

Phone: _____

Email: _____

Are you currently volunteering elsewhere? If so, where?

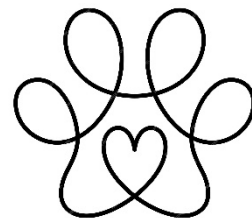
If you have a disability and require accommodations to permit your volunteer assignment, please indicate the needed accommodations:

Person to contact in case of emergency:

Name: _____

Phone Number: _____

Reedsport K9 Shelter
183 W Railroad Ave
Reedsport, OR 97467



I understand as a City of Reedsport volunteer I will report to the Volunteer Manager of the Reedsport K9 Shelter. I may terminate the volunteer relationship at any time for any reason. Likewise, the Manager may terminate the volunteer relationship at any time for any reason. I certify that there are no misrepresentations or falsifications on the application and I aware that any misstatements may cause disqualification of my application.

Code of Ethics

As a volunteer, I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I work. Like them, I assume certain responsibilities and am expected to uphold the following:

1. I will keep confidential matters confidential.
2. I interpret "Volunteer" to mean that I have agreed to work for "no charge".

Having been accepted as a worker, I am expected to work according to standards as any other professional.

1. I promise to take my work site attitude of open-mindedness and a willingness to be trained.
2. I believe that I have an obligation to my work station, to those who direct it, to my colleagues and to those for whom we serve to maintain a professional attitude.

Confidentiality

Confidentiality is the preservation of information disclosed in a professional relationship. The nature of your duties as a Volunteer may bring you in contact with a number of community members on a very personal basis. You may become aware of information relating to their financial resources, medical background or family problems. All information on community members, including who they are and any information about their status and particular problems, is absolutely confidential. Breach of confidentiality will lead to immediate dismissal as a volunteer with the City of Reedsport.

My signature below certifies that I have read the material above. I understand the information provided and agree to abide by the Code of Ethics and Confidentiality described in this document.

Waiver:

I hereby, for myself, my heirs executors and administrators, waive and release any and all rights and claims for damages or injuries I may incur while volunteering for the City of Reedsport, its employees, officers or agents.

Signature of Volunteer

Date