



City of Maupin
507 Grant Ave.
PO Box 308
Maupin, Oregon 97037

541-395-2698
cityhall@cityofmaupin.org
cityofmaupin.org

VOLUNTEER INFORMATION AND POLICIES

Thank you for your interest in volunteering for the City of Maupin. Volunteers play a vital role in delivering services to our city. It is important to offer volunteer experiences that benefit both the volunteer and the community. The City of Maupin understands volunteering allows citizens to give back to their community in meaningful ways and is a critical resource to the organization. Your service is highly valued and appreciated.

The City of Maupin is firmly committed to the safety of our volunteers. We make every reasonable effort to provide a safe and healthful workplace that is free from recognized or known potential hazards.

VOLUNTEER DEFINITION

A volunteer is any person, approved by the City of Maupin, who donates service in a City-sponsored volunteer program without expectation of pay or remuneration, other than reimbursement of approved incidental expenses for those services rendered. Volunteers under the age of 18 are not eligible for volunteer service unless the volunteer registration form is signed and approved by the City of Maupin and a parent or guardian.

Who is Not a Volunteer?

- Persons not approved by the City of Maupin for volunteer service.
- Individuals under the age of 18 without a registration form signed and approved by parent or guardian.
- Individuals or groups that are volunteering for another agency are not covered by the City of Maupin. Example: Boys Scouts performing services at a public event or volunteers of another entity responding in a mutual aid agreement.

POLICIES AND PROCEDURES TO BECOME A VOLUNTEER

Registration/Application

Potential volunteers must contact City Hall prior to performing a volunteer project or job. The Administrative Assistant oversees the Volunteer Program and will assist potential volunteers in determining the job specifics that best meet the needs of the City and the volunteer.

All volunteers must complete and sign the Volunteer Registration Form and return to City Hall for approval prior to start of work. Emergency contact information will be obtained from the Volunteer Registration Form in the event of an emergency.

Screening Process

Interviews may be conducted for certain positions prior to selection. Background, experience, and skills are carefully reviewed to match volunteers to appropriate assignments. Certain volunteer positions may require an additional Authorization to Release information to be completed for a background check.

Approval

Volunteers will receive approval of acceptance in the City of Maupin Volunteer Program prior to starting work.

JOB DESCRIPTION AND PHYSICAL REQUIREMENTS

A job description for each volunteer position or project will be provided detailing the duties, scope, and physical requirements of the work. Volunteers should carefully review the requirements and check with their personal physician if there are any questions about their physical ability to perform the duties. Some positions may require medical release prior to volunteer work.

VEHICLE POLICY

Volunteers may be cleared to drive as part of their volunteer work. The volunteer must complete and submit an approved driving history release form (in some departments the DMV Motor Vehicle check is performed as part of the criminal history check) prior to driving for the City. A valid driver's license and an acceptable driving record are required before a volunteer will be permitted to drive while performing duties as a volunteer on behalf of the City.

Volunteers operating public vehicles must have an acceptable driving record that meets the City of Maupin's requirements for acceptable driving. Accidents must be reported immediately to the Community Liaison and an incident report and accident investigation form should be completed as soon as possible.

Volunteers who drive personal vehicles are required to provide proof of insurance that meets statutory requirements* or the City of Maupin's fleet policy, whichever is higher.

- The owner of the personal vehicle's auto liability insurance is the primary payer. The City of Maupin's insurance is secondary to private coverage.
- Proof of current coverage must be provided each renewal by a copy of the vehicle owner's policy declaration page or certificate of insurance.

*Oregon statutory requirements (ORS 806.010): \$25,000 per person; \$50,000 per crash for bodily injury to others; and \$20,000 per crash for damage to others property.

ORIENTATION

After approval and prior to the onset of volunteer work, the volunteer receives a departmental and job-specific review of procedures, duties, and scope of volunteer activities from supervisor. Any required personal protective equipment will be reviewed and provided. Safe work rules and rules of conduct are reviewed along with the volunteer policy and Fleet Policy, if applicable. All personnel and safety rules apply to volunteer workers. Failure to comply with safety and personnel rules can terminate the volunteer relationship.

Safety Requirements

No volunteer will be required to perform work that he or she believes to be unsafe or likely to cause injury or health risk to themselves or others. Volunteers are encouraged to report unsafe conditions or hazards and must report incidents/accidents immediately to supervisor. Training, if required, will be provided for operation of specific equipment, machinery, or tools. Additionally, OR-OSHA training may be required to perform some volunteer duties.

Volunteers are required to follow all safety and security procedures while performing volunteer duties, on or off City premises. Volunteers are required to wear appropriate protective equipment, clothing, and footwear at all times.

Emergency Procedures

Emergency procedures for each volunteer worksite will be documented and provided to supervisors and to volunteer staff at time of orientation. Procedures will include:

- Emergency contact numbers for Fire/Police/Ambulance (especially if 911 service is not available in the area),
- A map showing the location and routes to emergency exits,
- The location of first aid supplies and equipment, and
- Actions to take in the event of a medical emergency or accident.

Incident and Accident Reporting

Injuries and accidents must be reported immediately to a supervisor and an incident and accident investigation form completed, if applicable. If appropriate, secure the scene for investigation and documentation of the incident.

Insurance Coverage

Normally, volunteers are considered “agents” and are covered by the City’s general liability insurance while they are acting within the scope of their duties. Insurance coverage is not provided for personal property, equipment, or vehicles owned by volunteer workers. For work related injuries, the City of Maupin provides workers compensation insurance.

Record Keeping

Volunteer workers must track and submit hours on a monthly basis to their supervisor using the approved form provided by the City. This is an Oregon statutory requirement. A record of volunteer hours is used to demonstrate when a volunteer is on the job for accident claims, and can be used to verify work experience for job references. It is required to compile the City of Maupin’s annual workers’ compensation premium audit.

PERFORMANCE MANAGEMENT

Evaluation and feedback of the performance of volunteer duties should be provided regularly, including recognition for volunteer service. Supervisors should monitor and take disciplinary action including and up to termination of volunteer relationship when policy or work practices are unacceptable.

FORMS

The forms listed below are required to be retained at City Hall.

- Volunteer registration form
- Release for background check
- Parent or guardian authorization for minors
- Completed timesheets



City of Maupin
507 Grant Ave.
PO Box 308
Maupin, Oregon 97037

541-395-2698
cityhall@cityofmaupin.org
cityofmaupin.org

VOLUNTEER REGISTRATION FORM & WAIVER

VOLUNTEER INFORMATION

FULL NAME	
PHONE NUMBER	EMAIL
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT PHONE	

SERVICE INFORMATION

DEPARTMENT	DATE(S)
BRIEFLY SUMMARIZE THE VOLUNTEER ACTIVITIES YOU WILL BE TAKING PART IN:	

I having read and understood the contents and nature of this agreement, state that I understand and agree that:

- I will perform the volunteer services pursuant to the above information.
- The above-described activities may expose me to a variety of hazards. Dependent on the nature of the service, the risk of injury attendant with the service, whether foreseen or unforeseen, cannot be eliminated due to the nature of the service.
- I am trained for the type of services to be provided and agree to assume full responsibility for my own safety.

By signing this release form, I agree to waive and discharge any and all claims and to hold harmless The City of Maupin its officers, employees, volunteers, and agents from any claims for injury or damages, except for our sole negligence, that may arise from, or in connection with my volunteer service described above.

I understand this Agreement, I have read this Agreement in its entirety, and I freely and voluntarily assume all risks and responsibilities associated therewith, and notwithstanding such, I agree to perform pursuant to this agreement and be bound by its conditions.

This Agreement is intended to be as broad and inclusive as is permitted by law. If any provision, or any part of any provision of this Agreement, is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable.

SIGNATURE & DATE: _____

Copy of Own Oregon Record/Clearance Letter Request Instructions

(revised 03/14/19)

To obtain a copy of your own Oregon criminal history report or a clearance letter indicating that you have no Oregon criminal history, you will need to complete the following steps:

1. Obtain properly rolled set of your fingerprints using the blue applicant fingerprint card (FD258). An example of this fingerprint card can be seen at:
<https://www.fbi.gov/file-repository/standard-fingerprint-form-fd-258-1.pdf/view>

Please contact your local police agency or public fingerprinting facility for services. Fingerprints may also be obtained at our office during these designated days/times:--Monday-Friday from 8:00 a.m. to 4:30 p.m. -The cost for this service is \$20.00 (we cannot accept \$50 or \$100 bills). The address is:

Oregon State Police
3565 Trelstad Ave SE Bldg 1
Salem OR 97317

Please note there are 6 minimum required fields on the fingerprint card that must be filled out in order to avoid rejection of your request. They are your printed name, signature, date of birth, place of birth, gender and race.** FINGERPRINTS ARE REQUIRED FOR THIS REQUEST.

2. Submit a \$33.00 check or money order payable to Oregon State Police, along with the completed "Own Record Request Form". For notarized requests add an additional \$5.00.
3. Mail the above documents to the following address:

CJIS Division
Oregon State Police
Unit 11
P.O. Box 4395
Portland, OR 97208-4395

If you are coming to our location for the fingerprinting, you can also submit the request form, as well as pay for the request, while here. We accept cash (we cannot accept \$50 or \$100 bills), personal check, credit or debit (we do not accept American Express or Discover), and you can leave your request with us (no need to mail to Portland). If submitting through the mail, then a check or money order is the only acceptable form of payment. We do have request forms on site for your convenience. This can **ONLY be done at our HQ location, not at our satellite OSP offices.**

Please allow 7-10 business days from the receipt date to process your response. This does **not** include mailing time. **Due to the confidentiality of criminal history record information, results will be mailed only to the subject of the Copy of Own Record request (not attorneys, employers, schools, etc.).**

Please see our FAQs section for important details. If you have questions or need further information, please contact the Copy of Own Record Unit at (503) 934-2307.

COPY OF OWN RECORD REQUEST/CLEARANCE LETTER REQUEST FORM

(Revised 03/14/19)

This form is to be used ONLY when requesting a copy of your own Oregon Criminal History information or clearance letter. This record will show Oregon information ONLY. **Due to the confidentiality of criminal history record information, results will be mailed only to the subject of the Copy of Own Record request.** This form may be copied.

SUBJECT: _____
Last First Middle

OTHER NAMES USED: _____

DATE OF BIRTH: _____ / _____ / _____
month day year

SOCIAL SECURITY NUMBER: _____ - _____ - _____ (OPTIONAL)

SUBJECT'S MAILING ADDRESS: _____
Street or P.O. Box

_____ City State Zip Code

_____ Country

TELEPHONE: (_____) _____

EMAIL ADDRESS: _____
(REQUIRED FOR REQUESTS BEING MADE FROM OUTSIDE OF THE UNITED STATES DUE TO US NOT BEING ABLE TO CALL OUTSIDE THE UNITED STATES)

MY CHECK OR MONEY ORDER, PAYABLE TO OREGON STATE POLICE, IS INCLUDED FOR THIS SERVICE AS FOLLOWS:

FINGERPRINTS (if done at our facility) (\$20.00)	\$ _____
COPY OF OWN RECORD (\$33.00)	\$ _____
PLEASE NOTARIZE RESPONSE (\$5.00)	\$ _____
TOTAL INCLUDED	\$ _____

**Your fingerprint card will be returned with your response. Please allow 7 to 10 business days to process your request once received (7 to 10 business days does NOT include mailing time).

Volunteer: _____

Volunteer Signature: _____

Month/Year: _____

Hours	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Reg															
OT															
Reg XT															
CTUsed															
Holiday															
Sick															
Vac															

Hours	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Reg																
OT																
Reg XT																
CTUsed																
Holiday																
Sick																
Vac																

Supervisor Signature: _____

City Manager Signature: _____

Hours	TOTAL
Reg	
OT	
Reg XT	
CTUsed	
Holiday	
Sick	
Vac	

Work Week: Monday thru Sunday

Overtime: Applies to actual hours worked over 40 per week (Actual hours excludes CT Used/Holiday/Vac/Sick)

Reg XT: Hours worked in excess of 40 @ regular pay to be added to accrued comp time