NEWPORT MUNICIPAL AIRPORT

135 SE 84th Street • Newport, Oregon 97365 • 541.867.7422

VOLUNTEER APPLICATION

Name: _____

Address: _____

_____

Telephone: _____ _____
Work Home or Cell

E-Mail Address: _____

Date of Birth: _____ S.S. #:_____

Driver's License or State I.D. #: _____ State: _____

Occupation: _____

Employer: _____

Which category of volunteer work are you interested in?

□ Reception – Customer Service

□ Grounds Maintenance

□ Building Maintenance

□ Office Maintenance (Filing, Answering Telephones, Etc.)

□ Other (describe) _____

_____

Volunteers for the City of Newport are subject to a routine background check. Your signature below authorizes the city to conduct this background investigation.

_____ _____
Signature Date