



PORT of BROOKINGS HARBOR

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Volunteer Application

Volunteer Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Age: _____

Description of work to be done:

Materials required: _____

Under Age Volunteer Information

IF VOLUNTEER IS UNDER AGE 18:
To be filled out by Parent or Legal Guardian _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

I affirm that I am the parent/guardian of the above-named volunteer. I understand that the Port of Brookings Harbor does not provide any compensation, except as otherwise provided by law; and that the service will not confer on the volunteer the status of a Port employee.

I have read the attached description of the service that the volunteer will perform.

I give my permission for _____ to participate in the specified volunteer activity at the Port of Brookings Harbor on _____ (Date) _____ (Parent/Guardian Signature) _____ (Date)

Emergency Contact

Please provide someone to contact in case of an emergency.

Full Name: _____

Relationship: _____

Phone # _____

Volunteer Agreement / Disclaimer

I understand that I will not receive any compensation for the above service and that volunteers are NOT considered Port employees. I understand that volunteer service is not creditable for leave accrual or any other employee benefits. I also understand that either the Port or I may cancel this agreement at any time by notifying the other party.

I understand that my volunteer position may require a reference check, background investigation, and/or a criminal history inquiry in order for me to perform my duties.

I understand that all publications, films, slides, videos, artistic or similar endeavors, resulting from my volunteer services as specifically stated in the job description, will become the property of the Port, and as such, will be in the public domain and not subject to copyright laws.

I understand the health and physical condition requirements for doing the work as described in the job description and at the project location, and certify that the statement I have checked below is true:

- I know of no medical condition or physical limitation that may adversely affect my ability to provide this service.
- I do know of a medical condition or physical limitation that may adversely affect my ability to provide this service and have explained it to Port Staff.

Disclaimer: I agree to protect and hold harmless the Port of Brookings Harbor, and any and all business or property owners located at the Port of Brookings Harbor, their successors, representatives and assigns, for any injuries, accidents, or losses suffered while participating as a volunteer.

I do hereby volunteer my services as described above, to assist in Port-authorized work. I agree to follow all applicable safety guidelines & Port Ordinances.

Signature of Volunteer

Date

Port Approval (To be completed by Port official)

This Volunteer Application has been reviewed by Port management. The Port of Brookings Harbor agrees, while this arrangement is in effect, to provide such materials, equipment, and facilities that are available and needed to perform the service described above.

Approved by: _____
Port Representative PRINT NAME

Date

Port Representative SIGNATURE