



A 501.c.3 nonprofit organization based entirely on sustaining community involvement.

***We strive to keep the dream alive by embracing our goals:
To inspire creative living, community cohesiveness, cooperation, diversity, education,
inclusion, imagination and fun, for all and for generations to come!***

Inspiration: Salem's Riverfront Carousel project was inspired by a trip Hazel Patton took in 1996 to visit family in Missoula, Montana. While there she went to see the first old-world style carousel built in the U.S. since the Great Depression. When Hazel rode the carousel, she knew it was more than the music and motion of the ornately carved and hand-painted horses that created magic in Missoula. The real beauty was how the carousel united the community by combining history with the creative talents of Missoula's citizens. She knew that the citizens of Salem could bring similar magic to the banks of the Willamette River.

Vision: The vision of Salem's Riverfront Carousel is to touch the hearts, spark the imaginations and ignite the creative spirits of a broad spectrum of volunteers by creating a work of art that will stand as a historical landmark and an enduring symbol of community pride and cooperation.

Mission: The mission of Salem's Riverfront Carousel is to enhance the quality of life in the Willamette Valley by invigorating community cohesiveness, fostering cultural and educational opportunities, creating a living history, and increasing tourism.

Community Cohesiveness: The organization brings together artists and wood-carvers who bring to life the Carousel's unique character, experts who have outlined the financial needs and defined self-sustaining revenue potential, specialists who have organized ideas into marketing materials, writers who put the stories into words, public speakers who have inspired groups ranging from school children to businesses to residents of Salemtowne Retirement Community and everyday people helping in the day to day operations like running the Ride.

Cultural and Educational Opportunities: From engagement with holiday and themed public events, to working with community partners, interacting with classroom and group visitors and volunteer artists in the art of wood carving (proportion, form, color, design, and music). Salem's Carousel demonstrates architectural theory, function, a business model for success and a living history. We anticipate that the Carousel is used by individuals, hobbyists, educators, artists, musicians, community organizers, families and other to teach, to learn, and to enjoy. Visitors are encouraged to observe, to ask, to engage and come along for the Ride!

PERSONAL CONTACT INFORMATION

FULL NAME (PLEASE PRINT > FIRST MIDDLE LAST):		
ADDRESS:		
CITY:	STATE:	ZIP:
(HOME PHONE):	(WORK/CELL):	
E-MAIL:		
Social Security #-:	License Plate No. (for City of Salem reference & parking permit):	

How did you learn about our organization?

Have you ever been convicted of a felony crime?

Position you are seeking:

YES // NO (If YES, please explain; list dates and city/county/state in which the activity occurred):

Are you currently employed? Yes // No (if Yes, may we contact your employer?)

Employer Name/Contact Info:

THANK YOU FOR YOUR INTEREST IN SALEM'S RIVERFRONT CAROUSEL AND IT'S YEAR ROUND OPPORTUNITIES!

Salem's Riverfront Carousel is an Equal Opportunity Employer and a 501(3)(c) organization.

▪ **PREVIOUS EXPERIENCE AND ABILITIES:** Work/Career Background, VOLUNTEER Experience, SPECIAL TRAINING, SKILLS/SPECIAL INTERESTS you may have:

▪ _____

▪ _____

▪ _____

Check any/all additional skills/talents/experience that apply:

- | | |
|--|---|
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Volunteerism |
| <input type="checkbox"/> Retail Sales | <input type="checkbox"/> Working with the Public |
| <input type="checkbox"/> Working with Children | <input type="checkbox"/> Working with a Non-Profit |
|
 | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Answering Phones | <input type="checkbox"/> Cashiering |
| <input type="checkbox"/> Event Support | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Marketing/PR | <input type="checkbox"/> General Foundation Support |
|
 | |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Art/Wood crafting |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Painting Oils/Acrylics |
| <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Recruitment/Training | <input type="checkbox"/> Supervising others |

Please provide (2) work and/or personal REFERENCES:

NAME:

Relationship:

TELEPHONE:

Email:

NAME:

Relationship:

TELEPHONE:

Email:

EMERGENCY CONTACT INFORMATION:

(1ST) Contact _____

Home Phone _____

Cell/Work Phone: _____

Relationship: _____

(2ND) Contact _____

Home Phone _____

Cell/Work Phone: _____

Relationship: _____

Doctor Name/Office: _____

Phone: _____

Group/Insurance Coverage Information & ID:

Company: _____

ID: _____

Named Insured: _____

EDUCATION	Name & Location:	Graduate Year/Degree Earned:	Courses/Area of Study:
High School:			
College/University:			
Specialized/Trade School:			
Other Education/Certifications:			

PREVIOUS EMPLOYMENT HISTORY:

Company Name, Location and Phone/Contact:	Dates of Employment:	Title/Position Held:	Job notes, tasks/duties performed and reason for leaving:

Release Authorization

I. In connection with my application for employment, I understand that a background screening, social security verification, consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment and criminal misdemeanor and/or felony convictions. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.

III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor. IV. Minnesota, Oklahoma and California applicants only. If you want a copy of the report(s) ordered. Check this box _____. The report(s) will be sent by the reporting agency to you at the address below. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524.

IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Salem's Riverfront Carousel or its agent, to furnish the information described in Section 1.

V. I certify that all statements contained herein are true and complete whether made by me or others at my request.

Please print your full name LAST FIRST MIDDLE		
Please print other names you have used		
Home Address		
City State Zip Code		
Social Security Number		
The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR , SC, TX, WI		
Gender: ___ Male ___ Female ___ Non-Binary _____ (fill in the blank) ___ Prefer not to disclose		Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> White <input type="checkbox"/> Other
Driver's License Number	State Issuing License	Name as it appears on license
Signature _____ Today's Date _____		

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS

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