

Volunteer Application

Contact Information	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Availability	
During which hours are you a	vailable for volunteer assignments?
Weekday mornings	Weekend mornings
Weekday afternoons	Weekend afternoons
Weekday evenings	Weekend evenings
Later and the second	
Interests	intercels of the continues of the continues
Tell us in which areas you are	e interested in volunteering
Administration	
Parks and Recreation	
Events	
Field work	
Fundraising	
Deliveries	
Newsletter production	
Volunteer coordination	
Special Skills or Qualifica	ations
Summarize special skills and qualifications you have acquired from employment, previous volunteer work,	
or through other activities, inc	



Previous Volunteer Experience		
Summarize your previous volunteer experience.		
Person to Notify in Case	of Emergency	
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Agreement and Signature		
Volunteers are responsible for maintaining the confidentiality of all non-public information to which they are exposed while serving as a volunteer. Failure to maintain confidentiality may result in termination of		
the volunteer's relationship wi	ith the City or other corrective action. I understand that a background check	
may be required for certain volunteer positions. I give my permission to the City to check the references		
	the facts set forth in the volunteer application are true to the best of my any falsification, misrepresentation or concealment of information on this	
application may be sufficient grounds for disqualification for volunteering or immediate removal and that		
the City shall not be liable in any respect if my volunteering is so denied or terminated. I understand that I		
am applying for a volunteer position and that I will not be paid in any way. I understand I am representing the City and performing public service. I agree to abide by the City's standards of behavior. If I am		
selected as a volunteer for the City, I give my permission for photo/video footage taken of me working as		
a volunteer to be used by the City for marketing purposes.		

Our Policy

Name (printed)
Signature
Date

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.