

Please Print Clearly

Name:		Date:
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:		
Email Address:		
Occupation:	Employer:	

Availability (Please check when you are available to volunteer)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Special Placement Request (Please check your preferences)

<input type="checkbox"/> Kids Events	<input type="checkbox"/> Youth Sports	<input type="checkbox"/> Special Events
<input type="checkbox"/> Adult Events	<input type="checkbox"/> Adult Sports	<input type="checkbox"/> Clerical Support
<input type="checkbox"/> Arts/Culture	<input type="checkbox"/> Park Clean-Up	<input type="checkbox"/> Other

Describe special skills, training pertinent to volunteer program

Describe previous volunteer experience