



Volunteer Application

Please type or print this form clearly.

Age restrictions may apply to some volunteer placements.

Name: _____

Phone: _____

Date of Birth: / / (mm/dd/yyyy) _____

Address: _____

Email: _____

Volunteer Information/ Special Interests

Have you Volunteered with us before? Yes No

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Schedule Preference:

Monday Tuesday Wednesday Thursday Friday

Times Available: _____ (between 8am and 5pm)

Are you able to perform the essential duties of the job for which you are applying? Yes No

If no, please explain. (A disability will not prevent you from volunteering if you are able to perform the essential duties of the job with reasonable accommodations.)

Do you have any transportation barriers to consider? Yes No

If yes, please describe:



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Have you ever been convicted **as an adult** of any offense against the law including misdemeanors, felonies, and traffic violations? **Yes** **No**

If yes, please describe the crime, date of conviction, location of court proceedings, and specific sentence. (A conviction does not automatically mean that you will not be hired.)

Do you possess a valid driver's license? **Yes** **No**

Drivers License Number: _____ State: _____ Expiration Date: _____

Have any restrictions or revocations been issued? **Yes** **No**

If yes, please describe:

I authorize the City of Nolanville to conduct a driving record and a background check.

I understand it is my responsibility to share client information only with staff involved, to keep all information confidential, and to report any information which may impact customers and/or co-workers.

I certify that this application is a complete record and that all entries and attachments are true and accurate to the best of my knowledge.

Volunteer Applicant Name: (Print) _____

Volunteer Applicant Signature: _____ **Date:** _____

(If volunteer is less than 18 years of age)

Parent/Guardian Name: (Print) _____

Parent/Guardian Signature: _____ **Date:** _____

It is the intent of the City of Nolanville to provide equal opportunity to all volunteers in all terms, privileges and conditions without regard to sex, race, national origin, disability or any other factor.

City Use Only

Background Check completed by: _____ **Date:** _____

Approved for volunteer status: **Yes** **No**

Notes:

