



Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering and which departments you prefer.

- | | |
|--|--|
| <input type="checkbox"/> Administration/Clerical | <input type="checkbox"/> City Hall Administration |
| <input type="checkbox"/> Reception/Telephone | <input type="checkbox"/> Public Works Administration |
| <input type="checkbox"/> Field work/labor | <input type="checkbox"/> Public Works Field |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Police Department |
| <input type="checkbox"/> Events | <input type="checkbox"/> Fire Department |
| <input type="checkbox"/> Newsletter production | <input type="checkbox"/> Activity Center |
| <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Community/Special Events |

Special Skills or Qualifications

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

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. BY SIGNING BELOW, I FURTHER CONSENT TO THE RELEASE OF MY DOL DRIVER'S ABSTRACT, DEFENDANT CASE HISTORY AND A BACKGROUND CHECK THROUGH THE WASHINGTON STATE PATROL, IF REQUIRED.

Name (printed)	
Signature	
Date	

Our Policy

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

This application does not constitute an agreement or contract for employment or future employment with the City of Milton. Nor does it represent a contract or agreement for any specified period of time or definite duration for service. Both the City of Milton and the volunteer reserve the right to end the volunteering relationship for any reason and at any time.

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