

## **VOLUNTEER APPLICATION**

Please complete this application and return to the City Human Resources Department. Completion of the form places you under no obligation and all information will be treated as personal and confidential.

GENERAL INFORMATION:	D-4-
Name	Date Phone
Address	Are you at least 16 years of age?
City, State, Zip	Yes No
Emergency Contact Information	Phone
Name	THORE
Address	
City, State, Zip	
Name of the second seco	
PERSONAL INFORMATION:	·
Experience and Training and/or Special Skills and Abilities	
Restrictions or Limitations of Service:	
Availability to Work (days & time):	
D	
Personal References:  1	Phone
2	Phone
3	Phone
Employment Data:	
Are you currently employed? Yes	No
Work Phone Number	_
Background Check:	
I authorize the City of Grand Island to conduct a c	criminal background check on me.
Volunteer's Signature	Date
FOR OFFICE USE ONLY:	
	Orientation Date:
Interview Date:	Officiation Date.
Assignment:	Supervisor:
Days/Hours to work:	·