



VOLUNTEER APPLICATION

POSITION APPLIED FOR:

DATE OF APPLICATION:

ARE YOU AT LEAST 18 YEARS OLD? Yes No

PERSONAL INFORMATION

NAME:

Last

First

Middle

ADDRESS:

CITY, STATE, ZIP

EMAIL ADDRESS:

HOME PHONE:

WORK PHONE:

DO YOU HAVE A VALID DRIVERS LISCENSE: Yes No

TRAINING & EDUCATION

HIGH SCHOOL ATTENDED

DIPLOMA:

COLLEGE:

DEGREE OR STUDY COURSE:

TRAINING OR EDUCATION:

OTHER EDUCATION:

PREVIOUS VOLUNTEER EXPERIENCE:

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GENERAL INFORMATION

WHAT IS YOUR AVILABILITY FOR VOLUNTEERING WITH THE CITY OF OWATONNA?

EMPLOYMENT HISTORY

EMPLOYER:

PHONE:

ADDRESS:

JOB TITLE AND DUTIES:

DATES OF EMPLOYMENT:

EMPLOYER:

PHONE:

ADDRESS:

JOB TITLE AND DUTIES:

DATES OF EMPLOYMENT:

EMPLOYER:

PHONE:

ADDRESS:

JOB TITLE AND DUTIES:

DATES OF EMPLOYMENT:

ADDITIONAL WORK EXPERIENCE:

I hereby declare that all statements herein are true and complete, and authorize investigation of all information contained in this application. Organizations and persons named herein are authorized to provide information regarding me and they are hereby released from all liability for issuing such information. I understand that misrepresentation or omission of facts called for within this application will be sufficient cause for cancellation of application.

DATED:

SIGNATURE OF APPLICANT: