



City of Independence Volunteer Application

Thank you for expressing an interest in serving our community through volunteering

Name _____

(circle one):
 Adult
 High School age: _____
 Middle School age: _____

Address _____

Telephone _____ Best time to reach you at this # _____

email address _____

Volunteers must be able to provide their own transportation and may be required to complete and pass a criminal background check.

Birth Date ____/____/____

Driver's License # _____

Signature of Volunteer

Printed Name

Date

Signature of Parent/Guardian (if under 18 years of age)

Printed Name

Date

Volunteer Opportunities:
(Check all areas of interest)

- ___ Library
- ___ Museum
- ___ Parks
- ___ Police
- ___ Visitor Center
- ___ Independence Days
- ___ Hop & Heritage Festival
- ___ Other: _____

If you are interested in serving on a City Board or Commission, please complete a Committee Appointment Application. Copies available at city hall or website: www.ci.independence.or.us

When are you available to volunteer? Which days and times are best for you? (circle all that apply):

Mon	Tue	Wed	Thu	Fri	Sat	Sun
	8 - 10 am	10 am -12 pm		12 - 2 pm		
2 - 4 pm	4 - 6 pm	6 - 8 pm	All Day			

Please describe any special skills that you would be willing to share with the City, and any prior volunteer experience you may have. *(examples: I'm a web designer; a house painter; a juggler.)*

Volunteer applications are kept on file for one year, and will be used to fill open positions as they occur. Thank you for your interest in the City of Independence.