



City of Warrenton Volunteer Application Form

Thanks for your interest in volunteering for the City of Warrenton! Please complete this entire application so that we are able to provide volunteer opportunities that match your interests.

Application Date:

Personal Information:

Name:

Street Address: City: State: Zip:

Telephone: (Day) (Eve)

(Fax) (E-Mail)

Current Employer:

May we contact your employer? Yes No Phone Number:

Tell us about your...

- Experience, Skills, Special Interests and Hobbies:

- Civic involvements, elected or appointed offices...

Volunteer Interests:

Are you or your group applying for the Adopt-A-Trail or Adopt-A-Park Program? Which Park and/or Trail are you interested in Adopting? Please include the Park/Trail Name or Description:

Volunteer Interests (Continued):

The City of Warrenton has recognized various opportunities to volunteer on boards and commissions, with various departments, during one-time events, etc. Listed below are our volunteer opportunities. Place a check mark next to any activity that interests you. Please See Descriptions Attached

Advisory Board	
<input type="checkbox"/>	Budget Committee
<input type="checkbox"/>	Warrenton Business Association
<input type="checkbox"/>	Warrenton Community Library Board
<input type="checkbox"/>	Community Center Board
<input type="checkbox"/>	Planning Commission
<input type="checkbox"/>	Parks Advisory Board
<input type="checkbox"/>	Student Commissioner

Other Volunteer Interests :

- **How did you hear about volunteering at the City of Warrenton?:**

- **Why do you want to volunteer for the City of Warrenton?**

Availability:

Frequency of Availability:

Time Availability:

	Mon.	Tues	Wed	Thurs	Fri	Sat	Sun	
Hours each day								

Emergency Information:

In an emergency, call...

First Contact:

Name: Relationship:

Home Phone: Work Phone:

Second Contact:

Name: Relationship:

Home Phone: Work Phone:

- Any allergies/physical limitations relevant to this position

Volunteer Release Statement:

As a condition of my participation in the City of Warrenton Volunteer Program, I hereby release the City of Warrenton and its agents, associates and related parties from all responsibility for personal injuries to me and damages to my property sustained in the performance of my volunteer activities.

I have read and accept the City of Warrenton Volunteer Program release statement.

Signature:

Date:

After reviewing your application, we will contact you to arrange a time when we can discuss your interests and help you find the volunteer opportunity most suitable for you.



CITY OF WARRENTON

Volunteer Statement

I , am applying to serve as a volunteer for the
(Name – please print)

City of Warrenton. As such, I take full responsibility for personal injuries to me and damages to my property sustained in the performance of my volunteer activities.

I am currently covered by medical insurance (please check one):

Yes

No

If yes, coverage is (please check all that apply):

Medicare

Medicare Supplement

Other

Volunteer's Signature

/ /
Date

/ /
Department or Program Manager's Signature Date

Thank you for supporting the City of Warrenton!