

Volunteer Application Form

Thank you for your interest in volunteering with the Town of Strasburg!

All volunteer applications are reviewed with consideration of current volunteer opportunities.

| Contact Information | |
|--|---|
| Name: | Mr. |
| Address: | |
| | |
| Telephone: | E-Mail: |
| Emergency Contact: | |
| Name: | Relationship: |
| Telephone (Home): | (Cell): |
| E-Mail: | |
| Equal Opportunities Have you ever been convicted of a felony? (Divide the convicted of a felony?) | Ooes not exclude you from volunteering) |
| If yes, please provide details below | |
| | |
| Your Skills and Interests | |
| 1. Have you ever done any voluntary work be If you answered yes, please tell us a little abo | |
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| 2. Why do you want to volunteer now? What has motivated you to get in touch with us? | | | | | | | | | |
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| 3. Do you have any particular skills or qualities that you would like to use in your voluntary work? | | | | | | | | | |
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| 4. What kind of voluntary work interests you? (Please let us know if you have questions about these categories) Visitor's Center Local Community Events/Festivals Strasburg Community Garden Downtown Beautification Projects Internship in the Town Office Strasburg Town Park and Pool Other 6. When are you available? 5. What level of commitment are you interested in? Monthly Bi-Monthly Bi-Weekly Weekly Daily | | | | | | | | | |
| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | |
| Morning Afternoon | | | | | | | | | |
| Evening | | | | | | | | | |
| Referenc | es | | | | | | | | |
| 1. Name: | 1. Name: Relationship: | | | | | | | | |
| Telephone: | one: E-Mail: | | | | | | | | |
| 2. Name: | 2. Name: Relationship: | | | | | | | | |
| | one:E-Mail: | | | | | | | | |
| Please list below any questions, comments, or additional information you would like to provide. Thank you for your time and for seeking out ways to serve your community! | | | | | | | | | |
| Signed | Date | | | | | | | | |