



Volunteer Application

Board/Commission applying for:

PERSONAL DATA

Name (last, first, middle)						
Street Address and/or Mailing Address				City	State	Zip
Home Telephone Number		Cellular Telephone Number			Email	
Date you can start service:					Do you have a High School Diploma or GED? Yes No	
Driver's License Information: Select all that apply:		License Issue State:			ID Number:	
Class A	Class B	Class C	Class M	CDL Class A	CDL Class B	CDL Class C

POSITION INFORMATION Check all that you are willing to Volunteer

Available Hours to Volunteer:	Day Time: YES NO	Week Nights: YES NO
Available Days to Volunteer	Days: YES NO	Evenings: YES NO
	Mon Tues Wed Thurs Fri	Weekends : YES NO
May we conduct a volunteer background check on you?	YES	NO
Are you authorized to work in the U.S. on an unrestricted basis?	YES	NO
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for Volunteering)	YES	NO
If yes, explain:		

QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name	Degree	Address/City/State
School			
School			
Other			

SPECIAL SKILLS Please attach a resume for any special skills that may be applicable for this position.

REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

WORK HISTORY (INCLUDE PAID AND UNPAID POSITIONS)		
Job Title	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		

May we contact your present employer? Yes No N/A

Volunteer Experience #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company/Organization Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Are you still involved with this organization:		

Volunteer Experience #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Volunteer Experience #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Are you still involved with this organization:		

I certify that the facts set forth in this Application for Volunteering are true and complete to the best of my knowledge. I understand that if I Volunteer, false statements, omissions or misrepresentations may result in my dismissal. I authorize the City of Brookshire to make an investigation of any of the facts set forth in this application and release the City of Brookshire from any liability. The City of Brookshire may contact any listed references on this application.

I acknowledge and understand that the City of Brookshire is an "at will" employer. Therefore, any volunteer (regular, temporary, or other type of category volunteer) may resign at any time, just as the City of Brookshire may relinquish the volunteer rights of this relationship with any volunteer at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date