

Marine City Volunteer Application

(Please Check One) Volunteer ____ **Intern** ____ **Board** ____

The initial phase of Volunteer Program is to get to know you and to assess your interest so that we are able to fulfill yours and the City's volunteering needs. Please answer all questions. This is not an application for employment. A Guardian or Parent must sign the form if the Applicant is a minor.

Today's Date: _____ Name: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Alternate #: _____ E-Mail: _____

Employer: _____ Date of Birth: _____

Are you performing community service as a result of a court order or a stipulation of probation or parole?
YES or **NO** (Please Circle)

When are you available? _____

What areas are you interested in volunteering? _____

Education and Experience: _____

Why are you volunteering (i.e. course credit, leadership class, betterment of the community)?

Is there any physical condition that would limit your ability to perform certain duties? **Yes** or **No**

If yes, what accommodations are required? _____

List two people who know you personal who are not family related that we may contact as references. Please give a day time phone number for each reference.

Name: _____ Phone: _____

Name: _____ Phone: _____

All Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital, veteran status or the presence of a non-job-related condition or handicap.

Completion of this form does not assure that your services will be utilized. Applicant consents and agrees that criminal background checks may occur and that alcohol or drug testing may be required.

In addition to this application, Applicant must also enter into a separate waiver and release in favor of the City.