



VOLUNTEER INTERNSHIP APPLICATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Evening Phone: _____

Occupation: _____

Special Skills, Talents and Languages:

Emergency Contact: _____ Phone: _____

Do you have a driver's license? _____ Transportation? _____

How did you become interested in the volunteer program?

Previous Volunteer Experience (Use a separate page if necessary): _____

Other Applicable Experience: _____

Certification or Licenses Held: _____

Hours Available:

Sunday _____ Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____

Saturday _____

Do you have any limitations related to health or physical ability? If so, please explain:

Applicant Signature: _____ Date: _____

Completion of the Remainder of this Form is Optional

Volunteers are recruited and selected on their interests, skills, knowledge and abilities. A diverse corps of volunteers is both necessary and desirable depending on the program they will be assigned to. The City of Walnut uses the following information to meet the needs and goals of the City.

Please Check One:

____ High School/College

____ Non Student