

CITY OF SALINE

100 N. Harris Street
Saline, MI 48176

Date Received:
(For office use only)

APPLICATION FOR VOLUNTEER PLACEMENT

(Will remain on file for six months)

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

(Please Print)

Date of Application: _____

Volunteer Position Applied For: _____

Name _____
Last First Middle

Address: _____
Number Street City State Zip Code

Telephone: (____) _____ Email Address _____
Area Code

Have you filed an application here before? Yes No

Have you volunteered here before? Yes No

On what date are you available to begin volunteering? _____

What days and times are you available to volunteer?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Give name, address and telephone number of three references who are not related to you.

(over)

Education

	Elementary School	High School	College/University	Graduate/Professional
School Name				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Courses of Study				
Describe specialized training, skills, certifications, and extra curricular activities				
Honors Received				

List below all present and past volunteer/work experiences, beginning with your most recent.

Name and telephone number of place of experience	From		To		Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
	Describe the work you did:					

Name and telephone number of place of experience	From		To		Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.		
	Describe the work you did:					

State any additional information you feel may be helpful to us in considering your application.

In case of emergency, contact: _____ Phone: _____

Agreement

I hereby certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if selected to volunteer, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and references listed above to give you any and all information concerning my previous experiences and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Date _____ Signature _____