

VOLUNTEER APPLICATION AND REGISTRATION FORM

Name: _____
Address: _____
Telephone: _____ Birthdate: _____
Do you drive? Yes No Drivers License No. _____

Volunteer or work experience: _____

Education, special training, skills or interests: _____

Date available for volunteer service: _____

Hours per week and preferred day and time: _____

References:

Name	Telephone	Relationship
_____	_____	_____
_____	_____	_____

I am aware that as a volunteer, I am considered a representative of Douglas County and that I am subject to the rules and regulations of _____ Department. I realize my responsibility to respect privacy and maintain confidentiality.

Volunteer signature Date

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Volunteer Registration

Volunteer assignment schedule: _____

Volunteer will be doing: _____

Driving Required Yes No.
If yes, DMV court print received? Yes No
Auto liability insurance reviewed? Yes No
Volunteer Policy Reviewed? Yes No

Person to contact in case of emergency: _____

Supervisor signature date