



CITY OF ST. MARYS VOLUNTEER APPLICATION FORM

Today's date: _____

Name: _____

Address: _____

City, State, and Zip: _____

Daytime Phone number: _____

Nighttime Phone number: _____

Date of Birth (optional): _____

Current Employer: _____

Position: _____

What type of volunteer work are you interested in? _____

Special Skills: _____

Times available: _____

References:
