



Volunteer Application

Date Submitted: _____

About You:

First Name: _____ Last Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Office Phone: _____

Email Address: _____ Fax: _____

I am 18 years of age or older I am under 18 years of age (please add date of birth)

Date of Birth: _____

Desired Position: Core Member

You are willing to dedicate yourself to monthly meetings and quarterly projects.

Project Volunteer

You are willing to help during project times/days. You are willing to be utilized on a as-needed bases.

Employment Information:

I am: Employed Not Employed Retired A Student

Employers (School) Name: _____ Occupation: _____

Address: _____

Previous Volunteer Experience:

Agency Name: _____ Phone: _____ Fax: _____

Volunteer Dates: _____ Duties: _____

Agency Name: _____ Phone: _____ Fax: _____

Volunteer Dates: _____ Duties: _____

Agency Name: _____ Phone: _____ Fax: _____

Volunteer Dates: _____ Duties: _____

Awards:

Awards, Honors, Achievements, special interests, hobbies, or any organization you are a member of or hold a position with: _____

Talents and Skills:

Please list any skills or talents, which could help with future projects (example, computer skills, carpentry, and translation abilities): _____

References:

Please provide 3 references other than relatives:

Name: _____ Phone: _____ Email: _____

In what context do you know this person? _____

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Questions:

Why are you interested in becoming a volunteer for the Hilliard Evergreen Team: _____

What do you wish to receive out of this volunteer group? _____

How did you hear about Hilliard Evergreen Team:

- City of Hilliard Website
- Hilliard Chamber
- Leadership Hilliard Member
Name: _____
- Flyer/Flyer Posting
Location: _____
- Friend, Family
- Other
Specify: _____

I certify that the statements made on this application are true and correct to the best of my ability. I understand this information may be disclosed to any party with legal and proper interest, and I release the City of Hilliard from any liability whatsoever for supplying such information. I understand I will not be paid for my services as a volunteer. I also understand that completing this application does not necessarily guarantee a position of the volunteer services.

Applicant's Signature

Date

Parent/Guardian's Signature (for volunteers under the age of 18) Date

Please submit completed form to:
Leadership Hilliard *C/O Melissa Swayngim *3399 Mill Run Drive * Hilliard *Ohio *43026 or
Fax to 614-527-7199

Please call David Ray at 614-579-3105 with questions regarding volunteer services.

This project is sponsored by The Leadership Hilliard Class of 2007-2008; if you are interested in becoming a part of Leadership Hilliard please contact Libby Gierach with the Hilliard Chamber at 614-876-7666. Visit www.leadershiphilliard.org for more information on this project and other Leadership Hilliard information.