City of Foristell VOLUNTEER APPLICATION

To inquire about volunteer opportunities/sign up for volunteer positions please complete the following information.

Name			
	Last	First	
Address		C'4	
	Street	City	
Contact			
Numbers			
	Home Phone		E-mail
Personal I	nformation		
Helpful for	r placement		
Date of Birth		Social Security #	
	e		
Days/Hour	rs .		
Please pro	vide a personal refer	rence	
Name			
·	Last	First	
Address			
	Street	City	Phone Number

I certify that the facts contained herein are true and complete to the best of my knowledge and understand falsified statements shall result in dismissal from service. I authorize inquiries of general, legal and personal information from references, law enforcement and state agencies, and release all parties from liability.

I understand my service is voluntary and I will not be compensated for such service,
nor will it lead to special consideration for employment. I understand that my
placement is for no definite period and can be terminated at any time with or
without notice, with or without cause by the City or myself.

I release and fold harmless the City from a participation in volunteer service, I grant photographs or other media methods for p without obligation or compensation. I agree the City, preserve the confidentiality of depto all staff, residents and visitors.	permission to use my name and any publicity and promotional purposes ee to abide by all rules and regulations of
Signature of Applicant	- Date