SEOGWICH	CITY OF SEDGWICK
	Volunteer Application
DATE:	
NAME:	MIDDLE FIRST
ADDRESS:	PO BOX NO.
HOME PHONE	CELL PHONE
EMAIL ADDRESS	
Volunteer Position and/or Positions Applying For:	
Are you willing to give the time necessary to serve in these positions? Yes No (Circle one) No Is there any particular reason why you would like to serve in any of these positions:	
Are there any experiences, skills or qualifications which you feel would especially fit You for work with these organizations:	
If making application for Police, Fire or Ambulance Departments you will need to give Your Drivers License number and Date of Birth:	
DRIVERS LICENSE NO.	DATE OF BIRTH

Signature: