



# CITY OF SEDGWICK

## Volunteer Application

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
                            LAST  MIDDLE  FIRST

ADDRESS: \_\_\_\_\_  
                            STREET  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)

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: \_\_\_\_\_