

CITY OF WHEELER



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APPLICATION FOR INDIVIDUAL VOLUNTARY SERVICES

Please complete the following information (print) for placement as a City of Wheeler volunteer.

Name: _____

Address: _____

Phone: _____

Physical limitations (if any): _____

Type of volunteer work preferred: _____

Time available to perform volunteer work: _____ hours per week
_____ mornings _____ afternoons _____ weekdays _____ weekends

Previous volunteer experience, if any:

Special training, interest or skills:

Person (s) to notify in case of an emergency:

Name: _____ Relationship: _____

Telephone: _____

I hereby volunteer my services to assist the City of Wheeler in accomplishment of its authorized services. I understand that my service as a volunteer will be governed by the "Agreement for Voluntary Services" which will be provided to me.

Signature of Volunteer

Date

Signature of parent or guardian, if Volunteer
is under 18 years of age

Date