CITY OF WHEELER APPLICATION FOR INDIVIDUAL VOLUNTARY SERVICES

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

is under 18 years of age