



Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email address _____

DOB ____/____/____ (must be 18 years old) Education: High School College Degree

Employer _____ Position _____

Special talents or skills that you feel would benefit our organization _____

Have you volunteered before? Y / N Are you currently volunteering? Y / N

What organization and capacity? _____

Would you like more information to volunteer as:

Committee Chair Committee Member Event Planning Fundraising
 Taste of Country SeptFest

When are you available to volunteer? Monthly Weekly As needed

Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Time of day available	____ - ____ AM ____ - ____ PM						

Thank you for your interest in volunteering for Oak Grove community events. The information on this volunteer application will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. As a volunteer for Oak Grove community events, you agree to abide by the policies and procedures as set out. You understand that you will be volunteering at your own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work you perform for the organization. You agree that all the work you do is on a volunteer basis and you are not eligible to receive any monetary payment or reward.

Signature _____ Date _____

Return completed form to City Hall