Application to Volunteer

Send to Volunteer Programs, P.O. Box 6015, Columbia, MO 65205
or FAX to 874-7546, or E-mail: volunteer@GoColumbiaMo.com
Visit our web site at www.GoColumbiaMo.com/Volunteer

Name:____________________________________________   Date:_____________________
Address:___________________________________________ City:______________________
State:__________ Zip:_____________ E-mail______________________________________
Home phone:_____________________________Other phone:____________________________________
Are you over 18 years of age?      Y       N
Do you have any physical limitations that you wish to consider in your volunteer placement?    Y      N
If yes, please describe:

Circle the areas of volunteer interest:

<table>
<thead>
<tr>
<th>Adopt A Spot</th>
<th>Cultural Activities</th>
<th>Festivals</th>
<th>News Writing</th>
<th>Police</th>
<th>Trail/Park Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beautification</td>
<td>Data Entry</td>
<td>Group Speaker</td>
<td>Office Support</td>
<td>Public Safety</td>
<td>Tour Leader</td>
</tr>
<tr>
<td>Litter Control</td>
<td>Environmental</td>
<td>Health</td>
<td>Park Patrol</td>
<td>Recreation Leader</td>
<td>TreeKeepers</td>
</tr>
<tr>
<td>Child Care</td>
<td>Event Set-up</td>
<td>Layout/Design</td>
<td>Photography</td>
<td>Research</td>
<td>Video/Editing</td>
</tr>
<tr>
<td>Computer Support</td>
<td></td>
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</tbody>
</table>

Circle the Departments of volunteer interest:

<table>
<thead>
<tr>
<th>Convention &amp; Visitors Bureau</th>
<th>Cultural Affairs</th>
<th>Fire</th>
<th>Health</th>
<th>Human Resources</th>
<th>I.T. (Computers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Court</td>
<td>Parks &amp; Recreation</td>
<td>Police</td>
<td>Public Communication Print Shop</td>
<td>Public Works</td>
<td>Volunteer Services</td>
</tr>
</tbody>
</table>

Circle days/time of interest:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
<td>P.M.</td>
<td>A.M.</td>
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<td>P.M.</td>
<td>A.M.</td>
<td>P.M.</td>
</tr>
</tbody>
</table>

Previous volunteer experience:_____________________________________________________
___________________________________________________________________________
Work experience: ______________________________________________________________
_________________________________________________________________________
Education: (circle highest grade completed)

High School: 9 10 11 Graduate or GED  
Beyond: __________________________

Military or Specialized training: ______________________________________________________

Other language(s): ________________________ Sign language: ______________ Braille: ____________

How did you hear about the City Volunteer Program (please check) TV__ Newspaper__ Internet __
Radio__ Friend__ A Columbia Volunteer__ Telephone Book__ Other (specify)______________

Why do you want to volunteer? _______________________________________________________

Emergency Information: (In case of emergency contact:)

Name:____________________________________ Relationship:________________________

Home Phone:_______________________________ Other phone:________________________

References: Please list two personal references

Name:____________________________________ Phone:_____________________________

Name:____________________________________ Phone:_____________________________

Do you have any criminal convictions (other than parking violations) Y N
If yes, explain briefly: ___________________________________________________________
__________________________________________________________________________

(Conviction will not automatically bar you from volunteering. Relevance to assignment is considered and background check may be performed)

I understand that I am not an employee of the City of Columbia and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by the City of Columbia for my assigned volunteer duties. I also understand that it is my responsibility to update any address, emergency, or other changes to the information on this form.

Signature:______________________________ Date:_______________________

Parent/Guardian Signature (if under 18) ______________________________________________