



Volunteer Application

City of Independence

Volunteer Office, 111 East Maple, Independence, MO. 64050...816-325-7390...Fax: 816-325-7393

Welcome to the City of Independence Volunteer Resources Program. Completing this application is the first step in turning your talents and skills into positive action for your community. The information you provide will be used only in relation to volunteer assignments and not made available to the general public.

Name & Address

Fields marked with an [*] required to successfully submit your application

First name: * _____

Last name: * _____

Street: * _____

City: * _____

State: * _____ Zip: * _____

Phone: * (_____) _____

Email address: _____

Personal Information:

Please complete all entries that apply to you.

Age 18 or above: * Yes No

Education: Some high school Bachelor's degree
 High School / GED Graduate degree
 Some College or vocational training

Heard about City 7 City Website Paper
Volunteer program: City Newsletter Word of mouth Other

Employment * Full-time Retired City employee
Status: Part-time Currently not working

Prior Convictions: * Yes No
(other than driving) _____
If Yes, please _____
explain: _____

Availability:

| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-------------------|-----|-----|------|-----|-------|-----|-----|
| Mornings | | | | | | | |
| Afternoons | | | | | | | |
| Evenings | | | | | | | |

Interests:

| | | | | | |
|--------------------------|------------------------|--------------------------|-------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Animals | <input type="checkbox"/> | Foreign languages | <input type="checkbox"/> | Photography |
| <input type="checkbox"/> | Art | <input type="checkbox"/> | Gardening | <input type="checkbox"/> | Senior Services |
| <input type="checkbox"/> | Community clean-up | <input type="checkbox"/> | Health | <input type="checkbox"/> | Special events |
| <input type="checkbox"/> | Cooking | <input type="checkbox"/> | History | <input type="checkbox"/> | Sports/recreation |
| <input type="checkbox"/> | Crime prevention | <input type="checkbox"/> | Music | <input type="checkbox"/> | Teaching |
| <input type="checkbox"/> | Emergency preparedness | <input type="checkbox"/> | Nature | <input type="checkbox"/> | Technology |
| <input type="checkbox"/> | Environment | <input type="checkbox"/> | Parks | <input type="checkbox"/> | Youth |

Specific Volunteer Interests:

Please indicate specific volunteer opportunities or types of activity that interest you. Describe any special skills additional qualifications or certifications:

ADA The City of Independence makes every effort to fully comply with the Americans With Disabilities Act. If you need an assistance or accommodation for this application, please contact Volunteer Coordinator @ (816) 325-7385.

Parental Permission:

I understand that the City requires that volunteers between the ages of 13 – 17 years provide written permission of their parent or legal guardian in order to volunteer.

Yes Not applicable