

Shawn O'Neill, Mayor



Rachelle Denham, City Clerk
Michelle Whitten, Treasurer
John Brockmueller, Chief of Police
Bryan Morris, PW Director

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Phone: (360) 262-3547 Fax: (360) 262-9199 www.cityofnapavine.com

APPLICATION FOR VOLUNTEER SERVICE

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

I agree to perform Volunteer Service as directed by project/program.

YES NO

- 1. Do you have transportation to get to the assigned Location to perform volunteer service hours (if Applicable)
2. Do you have other issues that will prevent you From performing volunteer hours? (i.e. babysitting, etc.)
3. Are you currently under a doctor's care?
4. Are you required to take medication?
5. Do you have weight restrictions on what you can lift?
6. Do you have a past condition or injury that would Prevent you from performing volunteer service?
7. Do you understand that you must not be under the Influence of drugs and/or alcohol when you report provide volunteer service?

Individual's Signature: \_\_\_\_\_

Volunteer Coordinator Signature: \_\_\_\_\_

Please Provide a form of Identification to be attached.