

Hurricane City Volunteer Application

147 North 870 West, Hurricane, UT 84737 • (435) 635-2811 x305 • FAX: (435) 635-4284 •
volunteer@cityofhurricane.com

Name:		Home Phone:	
Date of Birth:		Cell Phone:	Work Phone:
Address:		City:	Zip:
Drivers License #:	State:	Social Security #:	
Emergency Contact:			
Name:		Phone:	Relationship:

- 1) Current or previous work or occupation:

- 2) Education, skills, and/or special training:

- 3) General interests or hobbies:

- 4) Previous or current volunteer service:

- 5) Physical limitations to be considered:

- 6) Have you been convicted of any violation of the law (excluding traffic violations)? Yes No
If yes, please explain on a separate page.

- 7) Days and Times available to volunteer: (check all that apply)
Mon. *Tues.* *Wed.* *Thur.* *Fri.* *Sat.*
Mornings *Afternoons* *Evenings*

- 8) What type of volunteer opportunity are you interested in: (check all that apply)
Daily *Weekly* *Monthly* *Special Events* *As Needed*

- 9) Please list any specific volunteer opportunities you are interested in:

- 10) How did you become interested in the City's volunteer program?

Disclaimer: *While in service as a volunteer, I agree to hold the City of Hurricane harmless in the event of personal injury or liability. I also agree to maintain the minimum limit of automobile liability insurance required by the State of Utah, if a personal automobile is used in service activity.*

Applicant Signature: _____ **Date:** _____