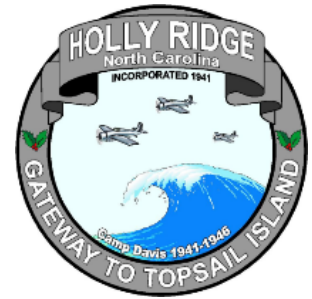


Town of Holly Ridge

Post Office Box 145

Holly Ridge, North Carolina 28445

Telephone (910) 329-7081 Fax (910) 329-1593



VOLUNTEER APPLICATION

Name:	Date:
Address:	E-Mail:
Home Phone:	Cell Phone:
Age:	Are you at least 21 years old: ___ yes ___ no
If eligible, would you be willing to serve on a Council-appointed board or committee? ___ yes ___ no	

Please explain why you would like to volunteer for the Town:

Please describe your past and present volunteer experience:

Please check when you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Additional comments about your schedule:

List your preferred activities/events:

Please list your hobbies, special interests or any skills that you have (ex. Computer skills/languages) that would assist the Town:

Please list any physical limitation you may have (ex. Heavy lifting, standing for long periods):

List two personal, local references:

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Emergency Contact Information:

Name: _____

Name: _____

Phone: _____

Phone: _____

I understand that submitting an application does not guarantee that I will be contacted to volunteer for the Town. I understand that depending on what duties I may be asked to perform, a brief interview or a background check may be required and that my attendance at any training sessions or pre-event meetings held by the Town are mandatory.

I understand that a shift may occur during hot, cold, windy, humid, or wet conditions and I am willing to work in uncomfortable conditions. I understand that I will not be asked to work during dangerous weather conditions.

I understand that even under the safest conditions, some activities may be hazardous and I assume to the risk of any and all bodily injury to myself, however caused, resulting from, arising out of, or in any way connected with my participation. In case of such injury to myself, I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Town of Holly Ridge for any claims, demands, or courses of action arising out of or by reason of my activity as a Holly Ridge volunteer. I understand that the Town of Holly Ridge insurance covers me for property damage and injury to others incurred during or as a result of my volunteer activity.

Printed Name: _____

Signature: _____ Date: _____

Return completed application to:
Town of Holly Ridge
Attn: Heather Reynolds, Town Clerk
PO BOX 145
Holly Ridge, NC 28445
Fax: 910-329-1593
Email: townclerk@townofhollyridge.net

Application may also be hand delivered to Town Hall – 212 N. Dyson Street, Holly Ridge, NC 28445

For more information, contact Heather Reynolds at townclerk@townofhollyridge.net or 910-329-7081