



CITY OF KIRKLAND
 123 Fifth Avenue, Kirkland, Washington 98033
 Volunteer Coordinator: 425.587.3012

Date Received: _____

VOLUNTEER APPLICATION

Dear Applicant,
 The City of Kirkland operates a volunteer program that provides services organization-wide. The purpose of the program is to enable the city to take advantage of the extraordinary reserve of knowledge, talent, and skill possessed by volunteers within our community and to capitalize on these abilities to augment City services. The intent is also to provide a program which involves interested resident in local government while providing them the opportunity to perform work of value to the community.

This volunteer application is designed to give applicants an opportunity to share their background, experience, interests, and skills, enabling the City to make the best possible volunteer placement.

Thank You.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Message _____ Work _____

Are you over the age of 18? Y N If not, give date of birth ____/____/____

Do you possess a valid Washington State Driver's License? Y N

WA State Driver's License or ID Card # _____ Exp. Date ____/____

E-Mail: _____

EDUCATION

TYPE OF SCHOOL	SCHOOL	MAJOR COURSE	DEGREE/DATE
High School or GED			
Business or Technical			
Undergraduate Studies			
Graduate Studies			

WORK EXPERIENCE - (start with most recent) - Please feel free to attach a resume in lieu of completing this section

EMPLOYER	POSITION/DUTIES	FROM/TO

PREVIOUS VOLUNTEER WORK - (start with most recent)

ORGANIZATION NAME	VOLUNTEER POSITION/DUTIES	FROM/TO

VOLUNTEER APPLICATION, CONTINUED

Please list any special skills/expertise, training, interest, or hobbies that you have that may be useful to the City of Kirkland

List any languages, other than English, which you speak fluently

Briefly summarize why you would like to volunteer with the City of Kirkland?

In what particular areas of work are you interested?

Please circle if you would be interested in helping with: Special Events / Special Projects / Mailings

Circle the days you can be available for volunteer work: Sunday / Monday / Tuesday / Wednesday / Thursday / Friday / Saturday

Preferred work hours: _____ to _____

REFERENCES Please list two references other than family members

Name _____

Name _____

Street Address _____

Street Address _____

City/State/Zip _____

City/State/Zip _____

Work Phone _____

Work Phone _____

Home Phone _____

Home Phone _____

Do you have medical conditions, physical or emotional, that might limit the type of work you can do? Y N

If yes, please describe the limitations _____

In case of an emergency, please contact _____ Phone _____ Relationship _____

Have you been convicted of a felony or released from prison within the last seven (7) years, or have you been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? Y N

If yes, please explain _____

Signature _____ Date _____