



# CITY OF BELLBROOK

## VOLUNTEER APPLICATION

15 EAST FRANKLIN STREET, BELLBROOK, OHIO 45305  
(937) 848-4666 [WWW.CITYOFBELLBROOK.ORG](http://WWW.CITYOFBELLBROOK.ORG)

### PERSONAL INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_  
ARE YOU 18 YEARS OF AGE OR OLDER? YES  NO

### DESIRED VOLUNTEER POSITION

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_/\_\_\_\_/\_\_\_\_  
DEPARTMENT \_\_\_\_\_

### EMERGENCY CONTACTS

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### EDUCATION

SCHOOL LEVEL	NAME, CITY AND STATE OF SCHOOL	DID YOU GRADUATE?	SUBJECT(S) STUDIED
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

### KNOWLEDGE & SKILLS

SPECIAL SUBJECTS OF STUDY \_\_\_\_\_  
SPECIAL TRAINING \_\_\_\_\_  
SPECIAL SKILLS \_\_\_\_\_  
LICENSES OR CERTIFICATIONS \_\_\_\_\_  
OTHER \_\_\_\_\_

### OFFICE USE ONLY

DATE & TIME RECEIVED	INITIALS OF RECEIVER	DEPARTMENT	METHOD OF RECEIPT
____/____/____ _____ PM / AM			<input type="checkbox"/> MAIL <input type="checkbox"/> IN PERSON

## EMPLOYMENT HISTORY

### PRESENT OR MOST RECENT EMPLOYER/VOLUNTEER EXPERIENCE

NAME OF COMPANY OR ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ LEAVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
DESCRIPTION OF WORK \_\_\_\_\_

### PREVIOUS EMPLOYER/VOLUNTEER EXPERIENCE

NAME OF COMPANY OR ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ LEAVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
DESCRIPTION OF WORK \_\_\_\_\_

### PREVIOUS EMPLOYER/VOLUNTEER EXPERIENCE

NAME OF COMPANY OR ORGANIZATION \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ LEAVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
DESCRIPTION OF WORK \_\_\_\_\_

*IF YOU WISH TO FURTHER DESCRIBE OR INCLUDE ADDITIONAL WORK EXPERIENCE, PLEASE INCLUDE ON A SEPARATE PIECE OF PAPER.*

## REFERENCES

PLEASE INCLUDE THE CONTACT INFORMATION OF THREE PERSONS NOT RELATED TO YOU.

NAME (FIRST & LAST)	ADDRESS, PHONE & EMAIL	COMPANY OR ORGANIZATION	YEARS ACQUAINTED

## AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

I AUTHORIZE THE CITY OF BELLBROOK TO INVESTIGATE THE ACCURACY OF THIS INFORMATION.

I AM AWARE THAT FINGERPRINTING AND/OR A CRIMINAL RECORDS CHECK MAY BE REQUIRED BEFORE PLACEMENT IN SOME POSITIONS.

I UNDERSTAND THAT I AM WORKING AT ALL TIMES ON A VOLUNTARY BASIS, WITHOUT MONETARY COMPENSATION OR BENEFITS, AND NOT AS A PAID EMPLOYEE.

THE CITY OF BELLBROOK RESERVES THE RIGHT TO TERMINATE A VOLUNTEER'S SERVICES AT ANY TIME.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN (IF APPLICANT IS A MINOR) \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_