



VOLUNTEER APPLICATION



First Name	Last Name
Street Address	Email Address
City	Zip
Phone (daytime)	Phone (evening)

Please check any volunteer jobs that interest you:

Library		Recreation Center	Senior Center	
<input type="checkbox"/> Homebound Delivery	<input type="checkbox"/> Book Mending Bee	<input type="checkbox"/> Aquatics aid	<input type="checkbox"/> Special Events	<input type="checkbox"/> General Office Asst
<input type="checkbox"/> Storytime Helper	<input type="checkbox"/> Special Projects	<input type="checkbox"/> Festivals	<input type="checkbox"/> Lunch/Nutritional Program	<input type="checkbox"/> Exercise for the Homebound
<input type="checkbox"/> Computer Assistant	<input type="checkbox"/> Homework Center Tutor	<input type="checkbox"/> Coach	<input type="checkbox"/> Seniors & Kids	<input type="checkbox"/> Van Driver for Seniors
<input type="checkbox"/> Summer Reading Program	<input type="checkbox"/> Staff Aide	<input type="checkbox"/> Sports Aid	<input type="checkbox"/> LIFT Program	<input type="checkbox"/> Lap Quilt Group

When are you available to volunteer? Please fill out the chart below.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Total hours							

Do you have previous volunteer experience? If yes, briefly tell us where you did your volunteer work, what you did, and when you volunteered.

Senior Center
 103 S Iowa Street
 303 665 9052
 Mary Lester, Manager

Bob L Burger Recreation Center
 111 W Baseline Road
 303 665 0469
 Kris Kron, Rec Specialist II

Lafayette Public Library
 775 W Baseline Road
 303 665 5200
 Susan Nagle, Coordinator

Briefly describe your education, experience, skills, and interests as they apply to the volunteer work you are interested in doing.

What is your current occupation or hobby and how do they relate to the type of volunteer work you are interested in?

Please list two references:

Name	Relationship
Phone (daytime)	Phone (evening)
Name	Relationship
Phone (daytime)	Phone (evening)

Please complete the following, if you are under 18 years of age:

Your Age	Parent/Legal Guardian's Name
Parent/Guardian's Phone (daytime)	Parent/Guardian's Phone (evening)
Parent/Guardian's Signature	Date

Depending upon the volunteer position sought, a person may or may not have a background check performed. Please provide your birth date and Driver's License number below if a check is to be performed. I certify that all of the information provided in this application is true and complete. I give permission to the City of Lafayette to publish the likeness or image of myself or my child. I release all claims against the City with respect to ownership and publication for the images or likenesses taken including any claim for compensation related to the use of said materials.

Birth date	Driver's License Number
Signature	Date

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