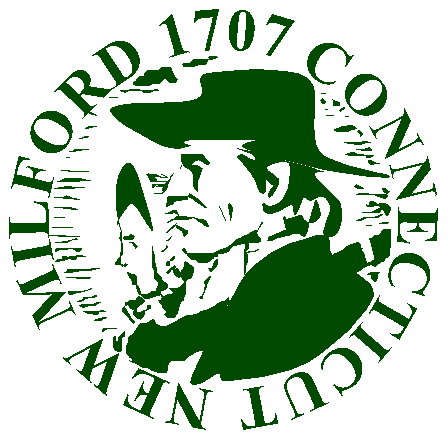
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| VOLUNTEER APPLICATION |  |
| Town of New Milford |  |
| 10 Main Street |  |
| New Milford, CT 06776 |  |
|  |  |
| CONTACT INFORMATION |  |
| Name: |  |
| Street Address: |  |
| City, State, Zip: |  |
| Home Phone: |  |
| Work Phone: |  |
| E-Mail Address: |  |
| Birthdate: |  |
| Party Affiliation |  |
|  |  |
| AVAILABILITY |  |
| How many hours can you commit to? | |
|  |  |
|  |  |
|  |  |
|  |  |
| INTERESTS |  |
| Tell us which board/committee/commission you are interested in volunteering for: | |
|  | |
|  | |
| SPECIAL SKILLS OR QUALIFICATIONS | |
| What skills & experience do you bring that make you a good candidate for this board/committee/commission? | |
|  | |
|  | |
|  |  |
| PREVIOUS VOLUNTEER EXPERIENCE | |
| Have you volunteered before and if so, where? | |
|  | |



|  |  |
| --- | --- |
| PERSON TO NOTIFY IN CASE OF EMERGENCY | |
| Name: |  |
| Street Address: |  |
| City, State, Zip: |  |
| Home Phone: |  |
| Work Phone: |  |
| E-Mail Address: |  |
|  |  |
| AGREEMENT AND SIGNATURE | |
| By submitting this application I affirm that the facts set forth in it are true and complete to the best of my knowledge. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. | |
| Name (Printed) |  |
| Signature |  |
| Date |  |
|  | |
| OUR POLICY | |
| It is the policy of the Town of New Milford to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. | |