

**COLUMBIA COUNTY  
APPLICATION FOR INDIVIDUAL VOLUNTARY SERVICES**

Please provide the following information (print or type) for placement as a Columbia County Volunteer.

Name \_\_\_\_\_  
(Last, First, M.I.)

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone day \_\_\_\_\_  
Telephone eve \_\_\_\_\_  
Email \_\_\_\_\_  
Cell \_\_\_\_\_

Type of volunteer work preferred: \_\_\_\_\_

Time available to perform volunteer work: \_\_\_\_\_ hours per week  
[ ] Mornings [ ] Afternoons [ ] Weekdays [ ] Weekends

Days of the week available (please circle): Mon Tues Wed Thurs Fri Sat Sun

Previous volunteer experience, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special training, interests, skills, licenses or certifications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Person to notify in case of emergency:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

I hereby volunteer my services to assist Columbia County in the accomplishment of its authorized services. I understand that my services as a volunteer will be governed by the "Agreement for Voluntary Services" which will be provided to me.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of parent or guardian if  
Volunteer is under 18 years of age

\_\_\_\_\_  
Date