



Volunteer! Lynchburg Application

Thank you for your interest in volunteering for the City of Lynchburg! Please complete the following information and then return via email to luann.hunt@lynchburgva.gov; Fax to 434-847-2083 or mail to Communications & Marketing, 900 Church St., Lynchburg, VA 24504.

(PLEASE PRINT)

Today's Date

First Name

Last Name

Street Address

City

State

Zip

Primary Phone Number

Secondary Phone Number

Email

Age Range

- Under 13 14 – 18 19 – 30 30 – 50 Over 50

During which hours are you available for volunteer assignments?

- Weekday Mornings Weekday Afternoons
 Weekday Evenings Weekend Mornings
 Weekend Afternoons Weekend Evenings

How many hours per week and/or per month can you volunteer?

Week Month

What type of volunteering are you interested in?

- One-Time Volunteer On-Going Volunteer
 Internship (High School) Internship (College) Other (Please List)

Are you volunteering to satisfy an education requirement?

- Yes No

Are you volunteering for Court-ordered community service?

- Yes No



Volunteer! Lynchburg Application

Indicate which areas you are interested in volunteering.

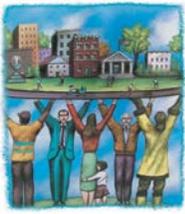
- Administration (filing, archiving, scanning documents, etc.)
- Events (crowd control, trash collection, etc.)
- Field Work (Adopt-A-Street, gardening, trimming trees, sweeping sidewalks, stream cleanup etc.)
- Parks & Recreation Activities (Community Centers, events, coaching, parks and trails maintenance, Adopt-a-Trail, Nature Zone and/or animal feeding, etc.)
- Library Activities (reading, shelving books, crafts with children, etc.)
- Museums (tour guide, gift shop stocking, etc.)
- Volunteer Coordination
- Other (please list):

Highest level of education completed:

Work experience (please summarize):

Physical limitations if any:

Special skills or qualifications:



Volunteer!Lynchburg Application

Previous volunteer experience:

Please share with us why you are interested in volunteering for the City of Lynchburg:

Please provide two references (name, phone and/or email and relationship):

1.

2.

Person to contact in case of an emergency:

First Name Last Name

Primary Phone Number

Secondary Phone Number

By submitting this application, I affirm that the facts set forth in it are true and complete. 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. It is also understood that depending on the type of volunteer service I am selected for, a background check may be performed.

Applicant Signature

Parent/Guardian Signature (if under 18 years of age)