

CITY OF WIXOM
APPLICATION FORM FOR VOLUNTEERS

NAME: _____ DATE: _____

ADDRESS: _____

DATE OF BIRTH: _____ TELEPHONE: _____

E-MAIL ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

EDUCATION AND/OR RELATED EXPERIENCE: _____

RESIDENT OF WIXOM? _____ HOW LONG? _____

BOARD OR COMMISSION APPOINTMENTS YOU WOULD ACCEPT:

1.) _____

2.) _____

3.) _____

SPECIAL QUALIFICATIONS: _____

DESCRIBE WHY YOU ARE INTERESTED IN APPOINTMENT TO THIS POSITION:

PERSONAL:

(1) Hobbies/special interests/skills you would like to use:

(2) Previous residence: _____

REFERENCES: (Optional) Include names, addresses and telephone numbers:

Signature

Received by: _____ Date: _____

Disposition: _____
