

Town of Dunn Application for Emergency Volunteer

Name (First, Middle I, Last): _____

Date of Birth: _____ Driver's License #: _____

Telephone: _____ Email Address: _____

Home Address: _____

Permission for Town to Conduct Background Check (must check box)

Able to assist with:

_____ Physical Work

_____ Delivering Needed Items

_____ Paperwork

_____ Communications

Describe why you are interested volunteering:

Add any other experience, specialized skills, or equipment you may be able to offer or any information that you feel is pertinent to the position (feel free to use back of sheet or attach a resume):

Signature of Applicant

Date