

Volunteer Application

Town Of New Milford
10 Main Street
New Milford, Connecticut 06776



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Party Affiliation (if any)	

Availability

How many hours a week or month can you commit to?

Interests

Tell us in which board/committee/commission you are interested in volunteering for:

Special Skills or Qualifications

What skills and 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?

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
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.

Thank you for completing this application form and for your interest in volunteering with us!