



VOLUNTEER APPLICATION

Town of New Milford
10 Main Street
New Milford, CT 06776

CONTACT INFORMATION

Name:	
Street Address:	
City, State, Zip:	
Home Phone:	
Work Phone:	
E-Mail Address:	
Birthdate:	
Party Affiliation	

AVAILABILITY

How many hours can you commit to?

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INTERESTS

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

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SPECIAL SKILLS OR QUALIFICATIONS

What skills & experience do you bring that make you a good candidate for this board/committee/commission?

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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, State, Zip:	
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.