

Shawn O'Neill, Mayor



Sharri Salyers, City Clerk  
Mary Wood, Treasurer  
Chris Salyers, Chief of Police  
Bryan Morris, PW Director

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Phone: (360) 262-3547 Fax: (360) 262-9199 www.cityofnapavine.com

**APPLICATION FOR VOLUNTEER SERVICE**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

*I agree to perform Volunteer Service as directed by project/program.*

	<u>YES</u>	<u>NO</u>
1. Do you have transportation to get to the assigned Location to perform volunteer service hours (if Applicable)	_____	_____
2. Do you have other issues that will prevent you From performing volunteer hours? (i.e. babysitting, etc.)	_____	_____
3. Are you currently under a doctor's care?	_____	_____
4. Are you required to take medication?	_____	_____
5. Are you limited on the amount of pounds you can lift?	_____	_____
6. Do you have a past condition or injury that would Prevent you from performing volunteer service?	_____	_____
7. Do you understand that you must not be under the Influence of drugs and/or alcohol when you report provide volunteer service?	_____	_____

Individual's Signature: \_\_\_\_\_

Volunteer Service Coordinator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Provide a form of Identification to be attached.**