



VOLUNTEER APPLICATION



The Village of Bellevue and Friends of Bellevue Parks thanks you for your interest in volunteering for one or more of our programs.

VOLUNTEER PROGRAM INFORMATION

Program Name or Job Title: _____

Date(s): _____

PERSONAL INFORMATION

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Age _____ Gender _____

E-mail: _____ Phone Number: _____

Parent/Guardian Name (if volunteer is a minor) _____

Emergency Contact Name and Phone Number _____

SIGNATURES

Volunteer's Signature

Date

Parent/Guardian's Signature (if volunteer is a minor)

Date

If you wish to receive Community Service hours, you will need to track your volunteer hours. If you need an approval signature, please contact Stephanie Schlag at 920-468-5225.