



VOLUNTEER APPLICATION

The Village of Bellevue 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 _____

Phone _____

Date of Birth _____ Age _____ Gender _____

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 Kyle Casper at 920-593-5516.