

City of Renton Volunteer Application

Personal Information					
Name:			Dat	e:	
Address:			Email Addres	SS:	_
Home Phone:	Work Phone	:	Cell Phone:		
In case of emergency, plea	ise notify:				
Name:			Relationsh	ip:	
Home Phone:	Cell Phone:		Business Phone:		
Past experience					
Employment and/or Volur	iteer Experience:				
Education/Training:					
Special skills or hobbies:					
Volunteer Opportunities					
volunteer Opportunities					
individual volunteers will l	••	•		to provide maximum satis available assignments.	зтаст
Do you have a volunteer p	preference:		Skills:		
Department or Division:					
Time Available:	Morning 🛛	Afternoon 🛛		Evening 🛛	
Mon 2 Tues 2	-	Thurs 🛛	Fri 🛛	Weekends 🛛	
References					
List two references (other t	han family) whom the City	can contact, and thei	r relationship	to you (friend, employer, etc.)
Name:		Phone:	R	elationship:	
Address:		City	y/State/Zip:_		
Nomer		Dhanai	D	alatia a abia.	
Name:				elationship:	
Address:		Chy	y/State/Zip:_		
Background Statement					
By my signature, I authorize	he City of Renton to perfor	m a background check	of my crimina	l record.	
Applicant Signature:					
Ma	il to: City of Renton, Volur 1055 S. Grady Way.	nteer Program - Comm Renton, WA 98057	•	•	
Yes No		staff:			
	No				