



# Volunteer Application

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering

- Volunteer Coordinator  
 Usher/Attendant  
 Marketing  
 Fundraising  
 Concessions  
 Ticket Sales  
 Newsletter production  
 Other please describe:

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Previous Volunteer Experience

Summarize your previous volunteer experience.

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### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
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.

Name (printed)	
Signature	
Date	

### Please return the application to:

The City of Pinellas Park  
Government Relations Department  
5851 Park Boulevard  
Pinellas Park, FL 33781

For questions or more information please call (727) 541-0805 ext. 3076 or [jgarren@pinellas-park.com](mailto:jgarren@pinellas-park.com).