

City ST ZIP Code:



Contact Information		
Name		
Street Address		
City/State/Zip Code		
Home Phone		
Work Phone		
E-Mail Address		
Availability		Fold Down
During which hours are you available for volunteer ass		
Weekday mornings Weekend mornings		
Weekday afternoons Weekend afternoon	s	
Weekday evenings Weekend evenings		
Interests		
Tell us in which areas you are interested in volunteering	g	
Community Day/Special Event Volunteer	Zoning Hearing Board*	
Field Work & Maintenance	Activities Committee	
Parks and Recreation Board	Planning Commission*	
*Please attach a brief resume to your application.	Other [Auditor, Vacancy Board, Counc	cill
Previous Volunteer Experience, Special Skills Summarize your previous volunteer experience; and s from employment, previous volunteer work, or through	pecial skills and qualifications you have acquire	
_		Fold l
erson to Notify in Case of Emergency		
Name:	Cell: Phone:	
Straat Addrass .	Home Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that I am volunteering my services, do so at my own risk, and agree to hold harmless the Borough of Schwenksville.

Name (printed):	Signature:
Date:	

Our Policy

It is the policy of this Borough to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please return to Borough Hall. A mail slot in the door is available for your convenience or mail to the following address using the form as a tri-fold mailer: You may also email it to Gail@schwenksville-pa.org or fax it to 610-287-8098.

Postage Needed

To: Schwenksville Borough 140 Main Street Schwenksville, PA 19473