



VOLUNTEER APPLICATION

CITY OF LANGLEY

112 Second St./PO Box 366 Langley, Washington 98260 (360) 221-4246

Position	Board/Department	Date	
Name: Last	First	Middle	
Street Address	Home Phone		
Mailing Address (if different)	Email Address		
City	State	Zip	Daytime Phone
Are at least 18 years old?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If not, please specify your age _____

BACKGROUND:

Education _____

Occupation (s): _____

Other Volunteer Positions: _____

Hobbies: _____

Other applicable experience: _____

SKILLS:

List Applicable Skills _____

DESIRE:

Briefly describe why you are interested in volunteering:

Signature: _____ Date: _____