

CITY OF OPELIKA

VOLUNTEER SERVICE APPLICATION FORM

(Please print or type)

I. **Name and Home Address:** _____ DATE - _____
_____ Home Phone: _____
_____ Work Phone: _____
_____ Cell Phone: _____
_____ E-Mail: _____

II. **Optional:** Gender Female Male
Race African American Caucasian
_____ Other

III. **Work Experience:** _____

IV. **Volunteer Experience:** _____

V. **Interest, Skills, Hobbies:** _____

VI. **Reasons for Volunteering:** _____

VII. **Availability (days/hours):** _____

IIIX. **Board(s) or Committee(s) interested in:** _____

NOTE: Email, fax, mail or deliver this application to:

City of Opelika
c/o Russell A. Jones
P.O. Box 390
Opelika, Alabama 36803
Phone: 334-705-5110
FAX: 334-705-5153
E-Mail: rjones@opelika-al.gov

You may attach a personal bio or a resume if you like.