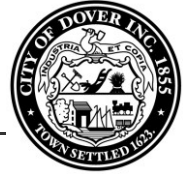


City of Dover, NH - Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone, if appl.	
E-Mail Address, if appl.	

Have you ever been convicted of a crime that has not been annulled by a Court of law?
 Yes No

Availability

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend mornings	<input type="checkbox"/> Weekend evenings

Department

Tell us in which departments you are interested in volunteering

<input type="checkbox"/> City Clerk/Tax Collection Office	<input type="checkbox"/> Public Works / Facilities & Grounds
<input type="checkbox"/> Assessing	<input type="checkbox"/> Library
<input type="checkbox"/> Finance	<input type="checkbox"/> Recycling Center
<input type="checkbox"/> Planning / Inspection	<input type="checkbox"/> Wastewater Treatment Facility
<input type="checkbox"/> Other, please provide	<input type="checkbox"/> Recreation

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Landscaping Activities	<input type="checkbox"/> Cemetery Plot Mapping
<input type="checkbox"/> Field Surveys for GIS	<input type="checkbox"/> Conduct Community-wide Surveys
<input type="checkbox"/> Engineering Data Collection	<input type="checkbox"/> Painting
<input type="checkbox"/> Filing & Photocopying Records	<input type="checkbox"/> Serve on a Board or Committee
<input type="checkbox"/> Greeter & Kiosk	<input type="checkbox"/> Other, please provide below
<input type="checkbox"/> Document Archiving & Scanning	_____
<input type="checkbox"/> McConnell Center Reception	_____
<input type="checkbox"/> Inventory Street Signs & Municipal Trees	_____

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.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

--

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. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization 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 submit application to: Dover City Hall, Office of Human Resources, 288 Central Ave, Dover, NH 03820