

## TOWN OF HERNDON PARKS & RECREATION DEPARTMENT VOLUNTEER APPLICATION

Date of Application		
Name:		
Address:		
City:	State:	Zip:
Email:		
Геlephone: Day	Evening:	
	<b>:</b>	
Previous Volunteer Experien	nce:	
REFERENCES: (If under 18, the	nis could include a teacher, guidance co	ounselor, clergy, etc.)
1) Name:	Relationship	
Address:		
City:	State:	Zip:
Email:		
	Evening:	
2) Name:	Relationship	
Address:		
City:	State:	Zip:
Email:		
Telephone: Day	Evening:	
		(continued)

What type of position are you intere	sted in?
What is your preferred work schedu	ıle?
By what date, do you want/need to c	omplete your volunteer work?
	ommodation in order to complete the interview ctions of the job? If yes, list <u>only</u> accommodation
Where did you hear of the Town of	Herndon Volunteer Program?
SEND APPLICATION TO:	Town of Herndon

Town of Herndon

**Recreation Department** 

P.O. Box 427

Herndon, Virginia 20172 Phone: 703-787-7300 Fax: 703-318-8652

(PLEASE ATTACH A RESUME IF ONE IS AVAILABLE)