



Town of Millville

APPLICATION FOR VOLUNTEERS

PERSONAL INFORMATION

Date	<input type="text"/>			
Name	<input type="text"/>			
	Last	First	Middle	Maiden
Present Address	<input type="text"/>			
	Number	Street	City	State Zip
Telephone Number(s)	<input type="text"/>	Birthdate	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>			

Person to notify in case of emergency (please list name and phone number):

Do you have a Driver's License? Yes No

Do you need any special accommodations? Yes No

If yes, please describe:

Do you have a talent or skill you'd like to share? Yes No

(e.g., language, professional skills, hobby, education, training, etc.) If yes, please list below.

Volunteer's Signature

Date

Town Manager's Signature

Date

Please return form to:

**Town of Millville
36404 Club House Road
Millville, DE 19967**

Tel: 302-539-0449

Fax: 302-539-0879

Email: Millville@mvtown.com