



Town of Millville

APPLICATION FOR VOLUNTEERS

PERSONAL INFORMATION

Date _____				
Name _____				
Last		First	Middle	Maiden
Present Address _____				
Number		Street	City	State Zip
Telephone Number(s) _____			Birthdate ____ / ____ / ____	
Email _____				

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