



# 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](mailto:Millville@mvtown.com)