

**CITY OF EDGEWATER
CITY CLERK'S OFFICE**

104 North Riverside Drive
Edgewater, Florida 32132

cityclerk@cityofedgewater.org

Phone: (386) 424-2400 X 1102 FAX: (386) 424-2410



**VOLUNTEER APPLICATION
OFFICE/CLERICAL**

Name	Phone (home/cell/work)
Address	City, State, Zip Code
Email address (optional)	

Please indicate the day/times you are available to volunteer: Mornings Afternoons

_____ Hours per week Monday Tuesday Wednesday Thursday Friday

How did you hear about the Volunteer Program? _____

Previous volunteer experience _____

If Community Service related, please share the reason (Attach to this form) _____

Previous work experience _____

Please list skills or abilities _____

List office equipment or machinery have you used _____

Is there anything else you would like to share with us? _____

I understand that as a Volunteer with the City of Edgewater I have the option to accept or reject any placement offered to me.

Volunteer Signature

Date

Parent/Guardian (if applicable)

Date

“WITH YOU, WE CAN MAKE A DIFFERENCE!”