

**CITY OF EDGEWATER**

104 North Riverside Drive

Edgewater, Florida 32132

personnel@cityofedgewater.org

Phone: (386) 424-2400 X 1702

FAX: (386) 424-2474



**VOLUNTEER APPLICATION  
OFFICE/CLERICAL**

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

Please indicate the days/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!”**