



Volunteer Application

Tell Us About You...			
Name:			DOB:
Street Address:		City:	State: Zip:
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Emergency Contact Name:	Relationship to you:	Emergency Contact Phone:	
Occupation –			
How did you learn about Main Street?			
Why would you like to volunteer with Main Street?			
Availability – When do you think you might like to volunteer?			
_____ Weekdays (9-5)	_____ Summers Only	_____ Once a Week	
_____ Evenings	_____ Winters Only	_____ Once a Month	
_____ Weekends	_____ Year-Round	_____ Occasionally/Events	
<i>Please list any specific events if known:</i>			

Skills & Interests – What talents and skills would you like to share with Main Street? How would you like to volunteer?			

Upon completion, please return to:
205 West Main Street, Washington, IA 52353
319-653-3918

Received	_____
Follow Up	_____
Interview	_____
Notes	_____
For Staff Use	