

# TOWN OF FALKVILLE

## VOLUNTEER SERVICE APPLICATION FORM

=====

(Please print or type)

I. **Name and Home Address:** \_\_\_\_\_ DATE - \_\_\_\_\_  
\_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

II. **Optional:** Gender  Female  Male  
Race  African American  Caucasian  
\_\_\_\_\_ Other

III. **Work Experience:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. **Volunteer Experience:** \_\_\_\_\_  
\_\_\_\_\_

V. **Interest, Skills, Hobbies:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. **Reasons for Volunteering:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VII. **Availability (days/hours):** \_\_\_\_\_

II. **Board(s) or Committee(s) interested in:** \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Email, fax, mail or deliver this application to:

Town of Falkville  
C/O Dawn Estes  
P.O. Box 407  
Falkville, AL 35622  
Phone: 256-784-5922  
FAX: 256-784-9510  
E-Mail: [destes@falkville.org](mailto:destes@falkville.org)

You may attach a personal bio or a resume if you like.