

Township of Seguin Volunteer Application

Thank you for your interest in volunteering for the Township of Seguin. Please fill out the following form and submit to the Community Services Department in the Humphrey Arena.

First Name: _____ Last Name: _____

Address: _____

Home Phone Number: _____ Alternate Number: _____

Date of Birth: _____ / _____ / _____ Email Address: _____
Month Day Year

PLEASE TELL US ABOUT YOURSELF

How did you learn about this volunteer opportunity?

Are you a returning volunteer? YES NO

Do you have any criminal convictions for which you have not received a pardon?
YES NO

Why do you want to volunteer for the Township of Seguin?

Please describe any relevant present/previous employment, and/or community or volunteer involvement:

Please describe any skills, training, education and/or interests that are related to this position:

Signature: _____ Date: _____