

Volunteer Services or Citizen's Academy Application
(Circle Appropriate Request)

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code _____

Phone Numbers: (Home) _____ (Cell) _____
(Work) _____

Drivers License Number: _____

Social Security Number: _____ Date of Birth _____

Name of Health Insurance/Medical Insurance Provider:

Any serious injuries during the last five years? Yes _____ No _____

If yes, please explain: _____

Reason for requesting to participate in program:

This is a volunteer position and you are not covered under workman's comp.
Please read release of claims statement carefully and ask questions about
anything you do not understand.

Signature of Participant

Date