

VOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please share any interests, experience, or expertise that would benefit this Committee:

In case of emergency contact:

Name: _____

Phone Number: _____

Relationship: _____

As a volunteer for the Town of Holbrook, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the Town, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____ Date: _____