

C	ffice Use Only	
Interview Date:		
Training Date:		
Start Date:		
Days/Hours		
Interviewed Rye	Data	

Date

City of Newport Volunteer Application

Thank you for your interest in volunteering for the City of Newport. Please fill out this application and return it to the Department with which you would like to volunteer. Someone from the Department will contact you and set a time for an interview. We interview all applicants to establish their suitability, interests, and aptitudes.

			Person	al Informati	on:			
		Name:					Phone Nu	mber:
				Address:				
			Availabilit	Email y: Check all tl	aat annly			
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Morning							1]
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vening								
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That previous volunte	er experien	ce do you ha	ave?					
Why do you want to ve	olunteer?							
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			Cons	ent Signatur	204			
is City of Newport p	olicy that al	l volunteers				the Newno	ert Police De	partment All
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		Applicant	Signature					Date
			Parent/G	Guardian Co	nsent:			
If the above named per	son is a mino	r) I			repres	ent that I an	n the parent o	r lawful guardian
the above named perso					•		_	
ery provision of the for		-	_					
ve, hold, defend and in	-	-			_			
amage, liability, claim, o			on account	of my own ac	ts or omission	is of such po	erson, or arisi	ng as a result
f any loss or injury suffe	ered by such p	erson.						

Parent/Guardian Signature