## **Town of Hamilton**

## **Volunteer Application**

Thank you for your interest in volunteering with the Town of Hamilton. We appreciate your commitment to making a positive impact in our community. Please complete the following application form to help us understand your interest and availability.

	nformation (Please Print): :		
City:		State:	Zip Code:
Phone Nur	mber:	Em	ail:
Emergency Contact Name:			Phone:
Volunteer	Interests:		
1.	Area of interest: [ ] Adm	ninistrative Suppor	t [] Outreach and Public Relations
	[ ] Pro	gram Assistance	[ ] Other (please specify)
2.	<b>Skills and Qualifications:</b> Please briefly describe any skills, qualifications, or relevant experience you have that would contribute to your volunteer role:		
2	Aveilabilitus Dlagas indi		
3.	Availability: Please indicate your availability		
4.	References: Please provide contact information for two references (non-family members) who can speak to your character and work ethic:		
	·		etnic: Phone:
			Phone:
Agreemen	t:		
	•		of Hamilton is on a voluntary basis and is not a elines set forth by the organization.
Applicants Signature:			Date:
Thank you	for your interest in volunt	teering with the To	wn of Hamilton. We will review your application

and contact you soon.