

Livable Communities Corps

Volunteer Application



First name: Last name:

Address:

Phone (day): (evening):

Email:

Emergency Contact name: Phone:

Provide your past volunteer experiences (*include organization's name and supervisor's phone #*):

Employment (*most recent and include company name, position, and supervisor's phone #*):

Educational Background:

Time available for volunteering: (*check all that apply*):

Monday Tuesday Wednesday Thursday Friday Saturday

Morning (8am-12pm) Afternoon (12pm -4pm) Evening (4pm-8pm)

Do you have a valid New Hampshire Driver's License?

Yes No (Not having a driver's license may not preclude you from volunteering, but may limit the number of sites you are able to assist with.)

Why are you interested in volunteering through this program?

What Municipality (ies) would you like to work in?

Please provide three non-family member references:

1. Name:

Phone:

Organization:

2. Name:

Phone:

Organization:

3. Name:

Phone:

Organization: