Volunteer Position Application

City of Bellevue Parks & Community Services PO Box 90012 Bellevue WA 98009-9012 425-452-6885



Last Name	First Name, Middle Initial		Preferred Name					
Are you 18 years of age or older?	you 18 years of age or older?		School Currently Attending and Grade (if applicable)					
🗌 Yes 🗌 No								
Preferred Phone	Phone Type	Secondary I	Phone	Phone Type				
E-mail		1		1				
Street Address								
City	State		Zip					
Emergency Contact (1)	Phone		Relationship					
Emergency Contact (2)	Phone		Relationship					
Will you need a modification or accommodation to participate in the volunteer activity or service project?								
🗌 Yes 🗌 No								
Additional Comments:								

Internal Use Only

Received By: _____

Please detach and return with your signature

Date: _

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Requested Vo	olunteer Positi	on and Locatic	on:						
Please indicat	te the days an	d times you ar	e available to	volunteer:					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):	Time(s):			
Have you pre	viously volunt	eered with the	City of Bellev	ue? 🗌 Yes 🗌 ۱	10				
If yes, please indicate the program, location, and dates:									
Why do you want to volunteer with Bellevue Parks and Community Services?									
How did you	hear about thi	s program?							
nternal Use	Only								
Received By: _				Da	ate:				
request: (voice) o modifica	s please phone r email parksw ations, contact 1	nterpreters, or at least 48 hour eb@bellevuewa he City of Belle ADATitleVI@bell	rs in advance 42 .gov. For compl vue ADA, Title V	25-452-6885 aints regarding	정보 Infor Información సమాచారం اطلاعات सूचना 425 -4	rmation 情報 علومات Информация Thông Tin 52-6800 資料			

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