



**CITY OF ASHEVILLE
VOLUNTEER/INTERN POSITION APPLICATION**

Full Name: _____

Home Address: _____ City: _____ Zip code _____

Home phone: (____) _____ Cell phone: (____) _____

Email Address: _____

Are you 18 years of age or older? Y N

List 2 Emergency Contacts:

1. Name/Relationship _____

Phone Numbers: _____

2. Name/Relationship _____

Phone Numbers: _____

Present Occupation: _____

___ Full time ___ Part time ___ Retired

Employed by: _____ Address: _____

Work Telephone (____) _____ Email address _____

Education: (Please circle completed years) 9 10 11 12, College 1 2 3 4, Graduate Degree, Ph.D.

Degree: _____ Field: _____

List Work Experience here or attach resume or work history: _____

Other skills and/or certifications: _____

Do you speak a second language? _____ If so what? _____

Are you fluent? Y N Can you translate? Y N

Please share your Volunteer History: _____

I am interested in: ____ Volunteer Position ____ Unpaid Internship

____ Specific Department or position (please list) _____

____ Open for assignment

Please check Volunteer Skills and Interests:

____ Animal Support

____ Arts/Music/Drama

____ Building/Repair/Refurbishing

____ Board or Commission:

List specific board or commission if applicable _____

____ Chaplaincy (for APD)

____ Computers/Technology/Web design

____ Crisis Support/Disaster Response

____ Disability Service

____ Environment/Planting/Cleanup (Outside activities)

____ Front Desk and Answering phone

____ Clerical/Office (data entry, word processing, filing, preparing mailings)

____ Grant writing/Fundraising

____ Guide/Docent

____ Literacy/Reading/Writing

____ Meal Service

____ Photography

____ Research

____ Sorting/Organizing/Cleaning

____ Special Events/Projects

____ Sports/Recreation

____ Teaching/Tutoring

____ Translation/Interpretation

____ Youth Programs/Mentoring

____ Communications/PR

____ Other:

Specify when you would be available for volunteer service:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings	_____	_____	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____	_____	_____

Preferred length of commitment: ___ Short term (6 months or less), ___ Long term (6-12 months),
___ Ongoing, ___ Special projects, ___ On-call as needed

How many hours a week would you be available? _____

Licensed Driver? Y N License # and State issued _____

How did you become aware of the opening? ___ City Webpage, ___ City eNews, ___ City Channel,
___ Newspaper, ___ Radio, ___ Hands On Asheville, ___ Land of Sky, ___ Current Volunteer or other
Individual (Referred by _____), ___ Other: _____

List 3 references - 2 professional references and 1 personal reference

1.Name _____ Telephone # _____ Relationship _____

2.Name _____ Telephone # _____ Relationship _____

3.Name _____ Telephone # _____ Relationship _____

Volunteer/Intern Placement: Volunteers will be selected and placed according to their skills, ability and interests. Applicants who do not match the needs of the organization will be referred to other community groups using volunteers and/or interns. The City of Asheville reserves the right to limit the use of volunteers and interns, adjust the hours of any volunteer or to reject services as it deems fit in order to comply with the guidelines and purpose of this program. Volunteers and interns reserve the right to refuse placement and ask for another situation.

I understand that by signing this Volunteer/Intern Application, I hereby grant the city permission to perform a check on my background, including criminal record, driving record, past employment, volunteer history and personal references. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential. Any criminal convictions or other previous actions that would make acceptance of the applicant inappropriate will be cause for denial of placement. Decisions not to place a volunteer are final and no reason needs to be given for denial.

I certify, to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented or falsified any of the application information I may be disqualified from consideration for receiving a volunteer assignment with the City of Asheville.

Printed Name of Applicant

Applicant's Signature

Date

Completed Applications can be returned to:

City of Asheville Volunteer Coordinator
2nd Floor, City Hall or
P.O. Box 7148
Asheville, NC 28802
Fax #: (828) 259-5499
Email: volunteer@ashevillenc.gov