Chariton Area Chamber/Main Street (CACMS)
Chariton, Iowa

Volunteer Application: **PLEASE PRINT** **Date:**

Name: _____ Home Phone: _____
Business or
Address: _____ Message Phone: _____

Town: _____ Zip: _____ Mail Address (if different): _____

Birth date: _____ Driver's Lic #" _____ State: _____

On what date will you be available for volunteer work ? _____

Special Skills and Qualifications:
Summarize special skills and qualifications acquired from employment or other experience:

_____

_____

State any additional information you feel may be helpful to us in considering your application:

_____

_____

References: Please list 3 persons who know you well and can attest to your character, skills and dependability. Include your current or last employer.

Name or organization	Relationship to you	Length of Relationship	Phone #
1 .			
2 .			
3 .			

Please read the following carefully before signing this application: I understand that this is an application for and not a commitment or promise of volunteer opportunity.

I certify that I have provided and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with CACMS that is true, correct and complete to the best of my knowledge. I certify that I have answered and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that the information contained on my application will be verified by the VOLUNTEERS for CACMS Program. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with CACMS or my termination as a volunteer.

Signature:_____ Date: _____

Print Name: _____