

# JOHNSON CITY TEXAS CHAMBER OF COMMERCE

PO Box 485, 100 East Main, Johnson City, TX 78636

Chamber Phone: 830-868-7684, Fax: 830-868-5700

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## VOLUNTEER APPLICATION

Updated 12-13-07

**BACKGROUND:** In planning for our Chamber activities, we need to know about you and how to contact you. If you need more space to write, use the back side of this form. We thank you so much for being willing to share your skills and interests with us.

Your Name, printed: \_\_\_\_\_

Postal address: \_\_\_\_\_

Your home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Other means of contact: \_\_\_\_\_

**FORMAL EDUCATION LEVEL:** Completed: [ ] HS; [ ] some college; [ ] AA degree in \_\_\_\_\_;

[ ] 4-year college degree in: \_\_\_\_\_; [ ] advanced degree in: \_\_\_\_\_

**PROFESSIONAL EXPERIENCE:** List your employment history with most recent on top: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL CERTIFICATIONS OR CREDENTIALS** of any kind: \_\_\_\_\_

\_\_\_\_\_  
**PREVIOUS VOLUNTEER EXPERIENCE:** \_\_\_\_\_

\_\_\_\_\_  
**SPECIAL SKILLS:** \_\_\_\_\_

**INTERESTS:** [ ] Administrative, [ ] Events, [ ] Fundraising, [ ] Web, [ ] Visitor Center Greeter/Assistant, [ ] Other \_\_\_\_\_

**AVAILABILITY:** [ ] Weekdays, [ ] Weekends, [ ] Evenings, [ ] \_\_\_\_\_

**LIMITATIONS:** Do you have any physical limitations or special needs that may affect what you can do or can participate in?

\_\_\_\_\_  
**EMERGENCY CONTACT:** \_\_\_\_\_

Our policy is to provide equal opportunities without regard to race, religion, national origin, gender, sexual preference, age or disability. Thank you for completing this application and for your interest in volunteering with us.

**YOUR SIGNATURE:** \_\_\_\_\_ Date submitted: \_\_\_\_/\_\_\_\_/\_\_\_\_