

Volunteer Program – City Hall



This position serves the information desk on the first floor at City Hall for the City of Harrisonburg. Volunteers provide a positive first impression of the city. Duties include, but not limited to, greeting guests, answering incoming calls, and hearing the needs of visitors and referring to proper department for disposition.

Date: _____ (Please type or print clearly)

Name: _____ Name I prefer to be called: _____
(Last) (First) (M.I)

Mailing Address: _____ **Zip Code:** _____

(If different)
Home Address: _____ **Zip Code:** _____

Phone Number: _____ **Alternate Phone:** _____

E-mail: _____ **Harrisonburg resident for** ____ **years.**

Bilingual: Speak _____ Read _____ Write _____

Were you referred by anyone: Yes No **Name of Referring Party:** _____

How did you hear about volunteering opportunity? Cable Website Council Meeting
Other: _____

Employment Experience:

Volunteer Experience:

How often do you anticipate volunteering?
1 - 4.5 hour shift a week 2 - 4.5 hour shift a week Other _____

In addition to question above, are you willing to be put on an on-call list? Yes No

Days/Times most Available:

Monday	Tuesday	Wednesday	Thursday	Friday
8:00 a.m. - 12:30 p.m.	8:00 a.m. - 12:30 p.m.	8:00 a.m. - 12:30 p.m.	8:00 a.m. - 12:30 p.m.	8:00 a.m. - 12:30 p.m.
12:30 p.m. - 5:00 p.m.	12:30 p.m. - 5:00 p.m.	12:30 p.m. - 5:00 p.m.	12:30 p.m. - 5:00 p.m.	12:30 p.m. - 5:00 p.m.

Available Start Date: _____

Why do you wish to volunteer?

References (Two persons not related to you):

Name	Address	Phone
1.		
2.		

Any other information or special skills that you possess?

In case of EMERGENCY, contact:

Name: _____ **Relation:** _____
(Last) (First) (M.I)

Phone Number: _____ **Alternate Phone:** _____

Home Address: _____ **Zip Code:** _____

I, _____, volunteer my services to the City of Harrisonburg. I understand that I am not a paid employee. I give my permission to the City of Harrisonburg to use my photograph for promotional purposes. I also understand that all information on this application is subject to verification and I consent to a criminal history background check. I am at least 18 years old.

Signature: _____ **Date:** _____

-Please return completed application to the City Manager's Office-
409 S. Main Street, Harrisonburg, VA 22801
Tel:(540)432-7701 **Fax:**(540)432-7778 **E-mail:**Pamela.Ulmer@harrisonburgva.gov