



CITY OF MOUNT VERNON APPLICATION FOR VOLUNTEER SERVICES

Mr./Ms./Mrs.		Employer:	
Please check preferred mailing address: <input type="checkbox"/> Home <input type="checkbox"/> Business		Position Held:	
Home Address:		Business Address:	
Home Telephone:	Cell Phone:	Business Telephone:	Fax:
Email Address:			
Do you live in Mount Vernon? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long? _____ <div style="text-align: right; font-size: small;">***One (1) year residency is required</div>			
Previous Employers and positions held:			
Board(s)/Commission(s) on which you are interested in serving:			
Would you accept an appointment to a Board/Commission not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Special qualifications (include past board service):			
Educational Background:			
Community Activities and offices held:			
For Office use Only			
Appointed To:	By:	Term Length:	Ward: