

NAME



CITY OF TOLEDO, OREGON

Volunteer Application
City Board, Committee or Commission

POSITION APPLIED FOR

The City of Toledo is an Equal Opportunity Employer
and does not discriminate

Return to: _____

Toledo City Hall
206 N. Main Street, P.O. Box 220 - Toledo, Oregon 97391
Phone (541) 336-2247 - Fax: (541) 336-3512
Hours: 8am to 5pm, Monday - Thursday
[Website: www.cityoftoledo.org](http://www.cityoftoledo.org)
[email: administration@cityoftoledo.org](mailto:administration@cityoftoledo.org)

Received by: _____

Date: _____

CITY OF TOLEDO
City Board, Committee or Commission
APPLICATION FOR VOLUNTEERS

Position Applied for: _____

Date: _____

Last Name	First Name	Middle Name
-----------	------------	-------------

Address _____

City	State	Zip
------	-------	-----

Phone #	Email
---------	-------

Have you worked for or previously been a volunteer for the City of Toledo? Yes No

If yes, what position and when? _____

Volunteer/ Committee Experience

GENERAL BACKGROUND:

QUALIFICATIONS: _____

EXPERIENCE: _____

COMMENTS OF INTEREST:

WHY SEEKING POSITION: _____

COMMUNITY INVOLVEMENT: _____

CERTIFICATION:

By signing below I certify that I meet the resident eligibility requirements to serve on

the _____

Insert name of committee, board or commission

Signed _____ Date: _____