



Thomasville go

Thomasville Tourism Commission

Application For Volunteer Services

DATE: _____ SERVICES TO BE PROVIDED: _____ EVENTS: ____ (OR) VISITOR
CENTER ____ (OR) BOTH ____

THIS APPLICATION DOES NOT DISCRIMINATE IN SECURING VOLUNTEERS ON THE BASIS OF RACE, COLOR, RELIGIOUS CREED, NATIONAL ORIGIN, SEX, OR ANCESTRY; OR ON THE BASIS OF AGE AGAINST PERSONS WHOSE AGE IS OVER 40 OR ON THE BASIS OF HANDICAP OR DISABILITY AND ANY OTHER CHARACTERISTIC REQUIRED BY LAW. NO QUESTION ON THIS FORM IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

NAME: _____
LAST FIRST MIDDLE

RESIDENCE: _____
STREET CITY STATE ZIP

TELEPHONE NUMBER: HOME _____ WORK _____ ARE YOU 18 YEARS OR OLDER? YES •• NO ••

DATE OF BIRTH: _____
EMAIL: _____

OCCUPATION: _____
EMPLOYER NAME SUPERVISOR NAME PHONE NUMBER

DESCRIBE YOUR FORMAL/INFORMAL TRAINING AND EXPERIENCE PERTINENT TO THE VOLUNTEER SERVICES YOU WOULD PROVIDE.

WHAT DO YOU HOPE TO GAIN FROM VOLUNTEERING?

OTHER ORGANIZATIONS TO WHICH YOU HAVE PROVIDED VOLUNTEER SERVICES:

SUPERVISOR: _____ PHONE #: _____

WHEN ARE YOU WILLING TO VOLUNTEER? (DAYS, TIMES, DATES)

*** TO BE COMPLETED BY ALL APPLICANTS

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE OTHER THAN THE FOLLOWING: MINOR TRAFFIC VIOLATION FINE \$500.00 OR LESS; OR OFFENSES SETTLED IN JUVENILE COURT OR UNDER WELFARE YOUTH OFFENDER LAW.

YES • • NO • • IF YES, PLEASE EXPLAIN:

SIGNATURE: _____ **PHOTO ID REQUIRED**

