



# Volunteer Application

Received _____
Follow Up _____
Interview _____
Notes _____
For Staff Use

**Tell Us About You...**

<b>Name:</b>	<b>Date:</b>
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<b>Street Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
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<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
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**Email Address:**

<b>Emergency Contact Name:</b>	<b>Relationship to you:</b>	<b>Emergency Contact Phone:</b>
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**Occupation –**

**How did you learn about the West Union Main Street Chamber?**

**Why would you like to volunteer with West Union Main Street Chamber?**

**Availability – When do you think you might like to volunteer?**

_____ Weekdays (9-5)	_____ Summers Only	_____ Once a Week
_____ Evenings	_____ Winters Only	_____ Once a Month
_____ Weekends	_____ Year-Round	_____ Occasionally/Events

**Would you like to volunteer for a specific committee?**

Economic Vitality    Design    Promotion    Organization    Membership    Volunteer Engagement

**Skills & Interests – What talents and skills would you like to share with Main Street? How would you like to volunteer?**

**Upon completion, please return to:**  
 West Union Main Street Chamber  
 101 N Vine St.  
 West Union, IA 52175