



Individual Volunteer Value Application

To be completed by an individual volunteer after their City volunteer application has been approved if volunteer would like to be eligible to donate their approved volunteer hours to a participating group.

Date : _____

Name (Print): _____

Address: _____
(address) (City) (Zip)

Email: _____

Contact Phone: _____ Cell Landline

I verify that I have read the Volunteer Value Program Guidelines and that I will abide by them.

Signature: _____

This section to be completed by City Volunteer Coordinator or Authorized City Staff.

Staff Name: _____

Staff Signature: _____ Date: _____

Individual is: Approved for Volunteer Value Program NOT Approved for Volunteer Value Program

Notes: