

City of North Little Rock Mayor's Office of Volunteer Service

Volunteer Enrollment Form

Please answer the following questions completely and accurately.

PERSONAL INFORMATION	
Name: (Mr., Mrs., Ms., Miss)	
Date of Birth: (Month, Day, Year):	
Address:	
City:	State: Zip:
Home Phone: ()	Cell Phone: ()
Email:	
Education:	
U.S. Citizen: ☐ Yes ☐ No	
Previous Occupation/Employment:	
EMERGENCY Contact Information:	
Name:	Name:
Address:	Address:
Phone: ()	Phone: ()
Relationship:	Relationship:
Driver's License Number and Expiration Date: State (
VOLUNTEERING II	NFORMATION
Are you currently volunteering? ☐ Yes ☐ No)
If so, where?	
Are you interested in short-term or long-term assignm	ents: Short-term Long-term
Please list any special accommodations needed due to	
considered prior to assignment:	
SIGNATURE	
In signing this application, I agree this is a volunteer po	
ethics and agree to abide by it. I hereby hold the City of	
departments and commissions, city officials, and city e	
conjunction with any event or program for which I volu	
available to me as a volunteer. I also agree to state and volunteer.	d local background checks before becoming a
volunteer.	
Volunteer's Signature	Date
CONTACT INFORMATION	
Angela Wirt • NLR Mayor's Office of Volunteer Service 401 West Pershing Blvd • North Little Rock, AR 72114	
501-975-4297	