



Revised: 202010

City of North Little Rock
Mayor's Volunteer Services

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 (____) Number (____) Exp. (____/____)

VOLUNTEERING INFORMATION

Are you currently volunteering? ☐ Yes ☐ No
If so, where? _____
Where do you want to volunteer? _____
Are you interested in short-term or long-term assignments: ☐ Short-term ☐ Long-term
Please list any special accommodations needed due to a physical limitation or disability, which should be considered prior to assignment: _____

SIGNATURE

In signing this application, I agree this is a volunteer position. I have been given a copy of the code of ethics and agree to abide by it. I hereby hold the City of North Little Rock and its Mayor, city departments and commissions, city officials, and city employees harmless for any occurrence in conjunction with any event or program for which I volunteer. I understand there is no insurance available to me as a volunteer. I also agree to state and local background checks before becoming a volunteer.

Volunteer's Signature _____ Date _____

CONTACT INFORMATION

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501-975-4297