



City of Deltona

Volunteer/Intern Application Form

Name: _____ Date of Birth/Age: _____

Address: _____

Phone: (home) _____ (Work/Other): _____

Emergency Contact Person: _____

Relationship: _____ Phone: _____

Please indicate your area(s) of interest: _____

What would make you a good volunteer/intern for the area of interest indicated above?
(Please use this area to indicate special skills, talents, experience, education, training, etc. related to your area of interest)

What type(s) of volunteer position(s) have you held in the past and for what organization?

Please list references that we may contact (name & telephone number).

Name: _____ Phone: _____

Name: _____ Phone: _____

What days/times of the week/weekend are you available to volunteer? Evenings?

Do you prefer working indoors or outdoors? _____

Do you have any special needs and/or require special accommodations in order to perform as a volunteer in your position of interest? (If yes, please indicate)

