



**COMMUNITY ORGANIZATION VOLUNTEER APPLICATION**

(PLEASE PRINT)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_ Ward #: \_\_\_\_\_

How long have you lived in Jennings? \_\_\_\_\_ Term Desired: (Circle One) 2Yrs 3Yrs 4Yrs

Of which racial/ethnic group do you consider yourself a member? (optional)

WHITE  BLACK  HISPANIC  ASIAN/PACIFIC ISLANDER

AMERICAN INDIAN/ALASKAN NATIVE  OTHER

Are you a registered voter at the above address? Yes No

Are you a member of any Jennings Community Organizations? Yes No

If so, please list the organizations: \_\_\_\_\_

What organization are you interested in joining? \_\_\_\_\_

\_\_\_\_\_

What is your 6 month vision for this organization? \_\_\_\_\_

\_\_\_\_\_

What is your 12 month vision for this organization? \_\_\_\_\_

\_\_\_\_\_

Are you available for meetings on weekdays? Yes No

Are you available on evenings during the week? Yes No

Are you willing to serve as an officer or a volunteer worker? Yes No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please return this application to the City Clerk's Office***

*Please keep in mind that your attendance is very important for the meetings. Much planning goes into each meeting. If the meeting must be cancelled due to a lack of a quorum, the city employees and other organization members involved must all rearrange their schedules.*