



# Energize Coffee:

## The Power of People!

### Community Volunteer Core Application

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cell Phone No.: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Primary Email: \_\_\_\_\_

*Email will be the main form of communication. Please check regularly!  
Email to: [info@cityofdouglas.com](mailto:info@cityofdouglas.com), Fax form back to (912) 384-0130 or mail to:  
City of Douglas Public Information, 211 S. Gaskin Avenue, Douglas, GA 31533*

Are you licensed to drive a car? Yes \_\_\_\_\_ No \_\_\_\_\_ License No. and State \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain why: \_\_\_\_\_

---



---

Interested in Volunteering for: (Check all that apply)

- |                                                    |                                                       |                                                 |
|----------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> After School Programs     | <input type="checkbox"/> Arts Initiatives             | <input type="checkbox"/> Broxton Rocks          |
| <input type="checkbox"/> Boards & Authorities      | <input type="checkbox"/> Cancer Awareness Initiatives | <input type="checkbox"/> Cleanup /Litter Events |
| <input type="checkbox"/> Emergency/Disaster Relief | <input type="checkbox"/> Feed the Homeless            | <input type="checkbox"/> Health/Wellness        |
| <input type="checkbox"/> Historical Society        | <input type="checkbox"/> Leadership Development       | <input type="checkbox"/> Little League Coach    |
| <input type="checkbox"/> Red Cross                 | <input type="checkbox"/> Safety Initiatives           | <input type="checkbox"/> Community Theater      |
| <input type="checkbox"/> Faith Based Initiatives   |                                                       |                                                 |

Festivals/Events:

- |                                                               |                                           |                                             |
|---------------------------------------------------------------|-------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> 4 <sup>th</sup> of July Freedom Fest | <input type="checkbox"/> Big Buck Contest | <input type="checkbox"/> Christmas Parade   |
| <input type="checkbox"/> Gigantic Indoor Yard Sale            | <input type="checkbox"/> Hometown Harvest | <input type="checkbox"/> BBQ & Outdoor Fest |
| <input type="checkbox"/> Summer Beach Bash                    | <input type="checkbox"/> Vintage Market   | <input type="checkbox"/> When Pigs Fly      |
| <input type="checkbox"/> Spectacular/Tree Lighting Event      |                                           |                                             |

Add your Event | Type of Event

---



---



---



---

When are you available to volunteer?

List the time(s) beneath the day(s) that you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

Hours per month you are willing to volunteer (no min/max requirements): \_\_\_\_\_

List any special skills/abilities you have.

---

---

Person to notify in case of emergency:

Name \_\_\_\_\_

Street Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Relationship: \_\_\_\_\_

I hereby certify that the answers, which I have given to the foregoing questions, are full and true to the best of my knowledge and belief.

As a Community Volunteer, I give the City of Douglas the right to investigate all references and to secure additional information about me, including a criminal background check, verification of applicable licensure as well as a motor vehicle record if required for my volunteer position. I release from liability the City of Douglas and the representatives of same for seeking such information and all persons, corporations or organizations for furnishing such information.

As a Community Volunteer, I am not paid for any services, and I am willing to take the required training where applicable and will adhere to the policies of the agreement.

Community Volunteers applicants under age of 18 must have parental/guardian approval.

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Parent/Guardian Date  
(Applicants under 18 years of age)