



*Bondurant In Motion*

*Leave An Impression*



*"I am only one, but I am one. I cannot do everything, but I can do something. And I will not let what I cannot do interfere with what I can do."*

*~Edward Everett Hale*



# City of Bondurant's Volunteer Program

## Volunteer Application Form

200 Second Street, Northeast | P.O. Box 37 | Bondurant, Iowa 50035-0037 | 967-2418 | 967-5732 (Fax)

Dear Volunteer:

Thank you for your interest in becoming a volunteer with the City of Bondurant.

The initial phase of the Volunteer Program, "Bondurant In Motion", is to get to know you and to assess your interests so that we are able to fulfill your volunteering needs.

### PERSONAL DATA

Name \_\_\_\_\_ Agency/Organization \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ Emergency Contact/Phone # \_\_\_\_\_

T-shirt Size \_\_\_\_\_ Medical/Physical Conditions \_\_\_\_\_

Please Explain Medical/Physical Conditions: \_\_\_\_\_

\_\_\_\_\_

Why are you volunteering (i.e. course credit, leadership class)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return to:  
Bondurant City Hall  
200 Second Street,  
Northeast  
Bondurant, IA 50035**

**If you have any questions,  
please contact City Hall at  
(515) 967-2418.**

*In consideration of acceptance of this application, I herby, for myself, my heirs, my executors, administrators, waive any and all rights and claims for any damages my property or I have against the City of Bondurant and the Bondurant Public Library.*

**SIGNATURE OF VOLUNTEER (IF OVER 18)\***

**DATE**

*\*If under the age of 18, parent/guardian must sign*