

Volunteer Application

9801 Mackenzie Road – St. Louis, MO 63123 Phone: 314-615-8865 Email:sbell@stlouisco.com

Name:	E-mail:	
Address:	City:	Zip:
		(CELL)
 Location Preferred: How were you referred to the second of t	to St. Louis County Parks? oyed? ☐ Yes ☐	Phone:
6. Previous work experience	ce:	
	☐ Morning: ☐ Afterno☐ SU☐	on: □ Evening:
9. Special skills you could ☐ Graphic Design ☐ Office Skills ☐ Data Entry ☐ Leadership Skills	bring to our organization: ☐ Art ☐ Gardening ☐ Carpentry Skills ☐ Construction Skills	☐ Crafts ☐ Athletic Skills ☐ Computer Skills ☐ Other
10. Training: High School	Date of Leaving	Graduate: □ Yes □ No □ GED
Jr. College, College or Unive	ersity	
Name:	Degree	Date
Name:	Degree	Date
Name:	Degree	Date
11. Personal References: 1. Name:	Phone:	E-mail:
2. Name:		

(please continue on back)

12. In case of an emerg		Dhono	
	·	Phone:	
	•	Zip:	
		Phone:	
		Zip:	
	·	Phone:	
Address:	City:	Zip:	
13. Is there anything yo	ou would like to share concernin	g the experience you are seeking?	
	e but not limited to a felony, misder	against you for any offense, other than meanor, and or a quasi-criminal offense by	
Applicant Signature:		Date:	
For Office Use only		□ Received application/ by □ Contacted/ by □ Interviewed/ by □ Scanned & emailed to sbell@stlouisco.com □ Entered into Vol Rep/ by □ Start Date/	