



DAVIS DOWNTOWN BUSINESS ASSOCIATION VOLUNTEER PROGRAM

P.O. Box 72497, Davis, CA 95616

530-756-8763

APPLICATION TO VOLUNTEER

Name: _____ Date: _____

Street Address: _____ City/State/Zip: _____

Home phone: _____ Work phone: _____

AVAILABILITY

Long-term Short-term davisfest (Sunday, October 15)

Are there any physical conditions to be taken into consideration in arranging
volunteer assignments for you? Yes No

If "Yes", please explain: _____

EMERGENCY INFORMATION

In case of emergency, contact:

Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

SKILLS AND INTERESTS

Current/previous work or occupation: _____

Previous volunteer experience:

What? _____ When? _____

Hobbies, interests, skills: _____

Special training, certification: _____

Who or what prompted you to volunteer? _____

I understand that I am not an employee of the Davis Downtown Business Association (DDBA) and that any duties that I perform are as a volunteer. I agree to abide by the procedures set forth by the DDBA for my assigned work duties. I also understand that it is my responsibility to update any address, emergency or other changes to the information on this form.

Signature: _____ Date: _____

Parent/Guardian (if under 18 years of age): _____