

**CITY OF LAFAYETTE
APPLICATION FOR VOLUNTEER SERVICE**

NAME _____ DATE _____

ADDRESS _____

MAILING ADDRESS _____

PHONE _____ WORK _____

PREVIOUS VOLUNTEER POSITIONS _____

REASON FOR WANTING TO VOLUNTEER _____

PLEASE SELECT AREA OF INTEREST:

BUDGET COMMITTE

PLANNING COMMISSION

OTHER _____

Please mail or return your completed form to:
Lafayette City Hall
486 Third Street
PO Box 55
Lafayette, OR 97127