

**CITY OF LAFAYETTE
APPLICATION FOR VOLUNTEER SERVICE**

NAME _____ DATE _____

ADDRESS _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

HOME PHONE _____ WORK PHONE _____

PREVIOUS VOLUNTEER POSITIONS _____

REASON FOR WANTING TO VOLUNTEER _____

PLEASE SELECT AREAS OF INTEREST:

If you select multiple interests, please indicate which subject area is your first choice:

- CITY COUNCIL
- BUDGET COMMITTEE
- PLANNING COMMISSION
- COMMUNITY EVENTS
- OTHER AREAS OF INTEREST _____

Please mail or return your completed form to:

Lafayette City Hall
486 Third Street
PO Box 55
Lafayette, OR 97127

Thank You for your interest in Community Service!