



Albany Visitors Association
Volunteer Application

Date _____

Name _____

Address _____

Email Address _____ Phone _____

How many years have you been in the Albany area? _____ In Oregon? _____

Please describe your experience working with the public. _____

If different from that experience, please list your most recent volunteer or work experience.

What were your responsibilities? _____

Supervisors Name _____ Phone _____

What are your hobbies, talents, special skills? _____

What about the AVA makes you want to be a volunteer with us? _____

What would you most like to do? _____

What would you like least to do? _____

What days/hours are you able to volunteer? _____

Do you have any special health considerations other staff should be aware of? _____

Please list names, addresses, telephone # of three references who are not family members:

Emergency Contact: Name _____ Relationship _____

Address _____ Phone _____