

# VILLAGE OF OXFORD

## Code Enforcement Committee Volunteer Application

### Contact Information

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Personal Information

(Y/N)

\_\_\_\_\_ Do you have a valid driver's license?

\_\_\_\_\_ Do you have a car available to you while volunteering?

\_\_\_\_\_ Have you ever worked or do you currently work for the Village of Oxford?

### Availability

During which hours are you available for volunteer assignments?

\_\_\_\_\_ Weekday mornings

\_\_\_\_\_ Weekday afternoons

\_\_\_\_\_ Weekday evenings (until sunset)

**Please describe in 3-5 sentences why you want to be on the Code Enforcement Committee for the Village of Oxford.**

## Previous Volunteer Experience

Summarize your previous volunteer experience.

## Person to Notify in Case of Emergency

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Agreement and Signature

By submitting this application, I affirm that if chosen to be a Volunteer for the Village of Oxford Code Enforcement Committee, I will conduct myself in a professional manner; I will treat everyone fairly and objectively; and, I will follow the rules and policies set forth by the Village of Oxford and the Furnas County Sheriff's Office.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.