

**CITY OF PETALUMA**  
**VOLUNTEER ENROLLMENT FORM – ADULT/MINOR**

(Please Complete All Information - Print or Type)

**Volunteer's Name** \_\_\_\_\_  
Last First Middle Initial

**Home Address** \_\_\_\_\_  
Street City State Zip Code

**Home Phone** \_\_\_\_\_ **Message Phone** \_\_\_\_\_

**Are you over 18 years of age?**     Yes     No

**IN CASE OF EMERGENCY CONTACT:**

1) Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
2) Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
3) Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

List any medical conditions to be considered in an emergency: \_\_\_\_\_

<b>Social Security #</b> _____	<b>CDL #</b> _____	<b>Class</b> _____
<b>Start Date</b> _____	<b>Department</b> _____	
<b>Position Title</b> _____	<b>Supervisor</b> _____	

*Describe in detail the type of activity and the tools/equipment that may be used to perform these activities.*

**Activities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_