



## Council Bluffs Convention & Visitors Bureau Volunteer Application

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

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Limitations:                      No                      Yes      (Please Explain)

List previous volunteer experience:

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- 
- 
- 

Do you have proficient computer skills?

No                      Yes

Are you comfortable using a telephone and making/answering phone calls?

No                      Yes

Are you comfortable answering questions in the visitor center?

No                      Yes



Volunteer Availability: (circle all applicable)

Number of Days per week: 1 2 3 4 5 6

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday

In an emergency, notify:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Volunteers hereby agree to serve any visitor who is assigned regardless of race, gender, ethnicity, sexual orientation, gender identity, creed, or national origin

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Volunteer Signature

Supervisor Signature

Date