



# City of Newport, Rhode Island

Department of Human Resources  
Newport City Hall – 43 Broadway  
Newport, RI 02840  
(401) 845-5444

## Volunteer Application – for Senior Volunteer Work Program

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) E-mail Address: \_\_\_\_\_

Time Available: AM PM Social Security No.: \_\_\_\_\_

Position of Interest: \_\_\_\_\_ Days available for work:  Mon  Tues  Wed  Thurs  Fri

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked for this City? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

### Education

High School: Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

College: Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

### References

*Please list two professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

### Previous Employment

Company:

Phone: (     )

Address:

Supervisor:

Job Title:

Responsibilities:

From:

To:

Reason for Leaving:

May we contact your previous supervisor for a reference?

YES

NO

### Current Skills, Knowledge and Abilities (check all that apply)

Clerical

Word Processing

Painting

Secretarial

Spreadsheets

Carpentry

Reception/Telephone

Data Entry

Mechanics

Administrative/Management

Accounting

Driving

Research

Building Maintenance

Other

Computers

Gardening

### Military Service

Branch:

From:

To:

Rank at Discharge:

Type of Discharge:

If other than honorable, explain:

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. Applicants will be selected based on availability, employable skills and the needs of the City as determined by City Administration.*

*In applying for the **Senior Volunteer Work Program**, I certify that I have read, understood and accepted the conditions set forth in this program to the best of my knowledge. Moreover, I acknowledge that to qualify for a property tax reduction, if any, I must adhere to the conditions stated within the City of Newport's policy that include, but not limited to, minimum age, household income, and minimum hours of volunteerism needed to qualify for such abatement.*

*I understand that false or misleading information in my application or interview may result in my release.*

**Please check here if you are applying for a Senior property tax credit as a benefit for volunteer work.**

*If you have checked the box above, proof of residency and verification of income will be required at time of hire.*

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

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

**An Equal Opportunity and Affirmative Action Employer**