



## EAST CLEVELAND CITY COUNCIL VOLUNTEER/COMMUNITY SERVICE SIGN-UP FORM

First/Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Do you require community service hours (i.e. Court)? Y\_\_\_ No \_\_\_

If yes, how many hours are you required to complete? \_\_\_ hour(s)

If no, how many hours would you like to volunteer weekly? \_\_\_ hour(s)

Below are the current Community Service opportunities. Indicate the volunteer service you in which would like to participate. Please check all that apply:

Programs Available	Check √	Indicate days available (M T W Th F Sa Su)	Indicate Time slots Morning: 8 a.m.-noon Afternoon: noon-4:30 p.m. Evenings: 5p.m. – 9 p.m. (Please note the time between time slots if appropriate. For example mornings from 9 a.m.-11 a.m. or indicate "anytime")
Building or office maintenance/painting			
Free Clothing Programs			
Community Clean-up			
Youth Programming			
Food drives/Feed the People			
Community Meetings Support			
Office support (answering phones, filing, general)			
Archived records sorting/organizing			

Please return this form to the City Council Office or your Council member

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For Council Office Use

Received by: \_\_\_\_\_ Transmit to: \_\_\_\_\_

Recommended Department: \_\_\_\_\_ Title: \_\_\_\_\_

Service Hours Verification \_\_\_\_\_ (if applicable)

Date verified and initialed by Council member or City Clerk \_\_\_\_\_ (if applicable)