

**TOWN OF FARRAGUT
FUN VOLUNTEER
REGISTRATION INFORMATION**

Name _____ Date ____ / ____ / ____

Address _____ City _____

State _____ Zip Code _____

Phone (home) _____ Phone (work) _____

Fax _____ E-mail _____

Emergency name _____ Phone _____

Birth Month & Day ____ / ____ Sex: Female Male

Education: High school _____ # of years completed College _____ # of years completed

Work experience _____

Volunteer experience _____

Special interests, hobbies, skills, certifications _____

Times available on a regular basis _____

Special events _____

Signature: _____ Date: ____ / ____ / ____

Mail to: Anne LaGrow, Farragut Town Hall
11408 Municipal Center Drive
Farragut, TN 37934
Fax to: 865-675-2096
Email to: anne.lagrow@townoffarragut.org