

City of McGregor Volunteer Information

1. Name: _____
2. Address: _____
3. Telephone: _____
4. Email: _____
5. Age: _____
6. Do you have a valid driver's license? _____
7. Do you have transportation? _____
8. Healthcare experience: _____
9. Other Skills: _____

10. Are there any jobs you are unwilling to assist with? _____

Volunteers must be between eighteen and sixty years of age and not have a chronic medical condition. Volunteers should also not be caring for someone over the age of sixty or with a chronic medical condition.

Please return the completed form to Duane Boelman by email citymcgr3@mediacombb.net or mail to McGregor City Hall, PO Box 437, McGregor, IA 52157.

Phone 563-873-3795 if you have any questions.

Thank you

