



OFFICE OF THE CITY CLERK

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Volunteer Information Form City of Oneonta

Please provide the information requested below in order to allow the City of Oneonta to determine how best to utilize your organization's volunteer services.

Name of Agency/Organization:

Contact Person:

Mailing Address:

Telephone Number:

Fax Number:

E-mail Address (If applicable):

Project Description and Scope of Services to be Offered:

(Use back of sheet if necessary)

Date Work to Be Done:

Estimated Time for Completion of Volunteer Services

Number of Volunteers for Project:

Equipment/Supplies Needed From City:

Does your agency provide liability insurance for your volunteers?

Who Will be Responsible for Transportation: