

Post Office Box 431 • 37 North Main Street • Belmont North Carolina, 28012 Telephone (704) 901-2065• Fax (704) 825-7713 • sdehart@cityofbelmont.org Shelley DeHart, Downtown Director

Volunteer Main Street Program Application Form

Name:					
Mailing Address:					
Phone Number:					
(Home)	(Work)		(Cell)		
E-mail					
Social Security:		_ Date of	Birth:		
Interests: In which areas are you best suited? ()Office ()Event ()Fundraising ()Design/Historic Preservation ()Economic Restructuring					
If you would like to be Would you be willing t			ded?		
Comments (Skill/Speci	-		Etc.):		
Please briefly explain y	your reason for vol			ain Street P	rogram:
Note: Crimina	al Background Cl	hecks May	Be Completed	Due to City	y Policy.
I give the City of Belm	ont permission to	conduct a s	tandard backgrou	und check of	f my person.
Signature:			Date:		