



Volunteer Disqualification Appeal Form

Volunteer Applicant Name: _____

Volunteer role from which
disqualified: _____

Basis for the Appeal: *(Additional Sheet(s) May Be Attached)*

Applicant Signature: _____

Date: _____

The appeal form must be submitted to the Human Resources Department within ten (10) days of receiving the disqualification notification. Upon receipt of the written appeal, the Human Resources Director or a designee will schedule a meeting (or phone call) with the City Manager or designee. The decision of the City Manager or designee is final.