

VOLUNTEER APPLICATION



315 West Genesee Avenue
 P.O. Box 2283
 Saginaw, MI 48605
 Phone: 989-399-6626
 Fax: 989-399-0431

Please complete this form OR sign up at
www.1-800-volunteer.org

Date:

Name	Address	Phone Number(s)	E-Mail Address
	Street: City: State/Zip:	Home: Work: Mobile:	

Current Employment:

Company & Address	Job Title	Dates of Employment	Supervisor
Current School/University	Service Learning?	Michigan Works Program?	Registered on 1-800-Volunteer.org?
	Yes___ No___	Yes___ No___	Yes___ No___

In case of emergency, notify	Phone Number(s)

Parent/Guardian Signature (under age 17):

Previous Volunteer Experience:

Organization	Assignment	Contact	Phone	Dates of Service

Please check the areas in which you have skills in and are interested. If you do not have skills and are not interested in a particular area, please leave it blank.

<input type="checkbox"/>	Communications	<input type="checkbox"/>	Computer	<input type="checkbox"/>	Education
<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Grant Writing	<input type="checkbox"/>	Office Support
<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Musical/Special Talents	<input type="checkbox"/>	Marketing/Advertising

Availability (Indicate preferred days and times.):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

List relevant skills or special talents:

Describe what you hope to achieve from volunteering and what you can contribute to the Mid-Michigan Children's Museum.

Please note that these are unpaid tasks.