



Volunteer Application

GROSSE ILE TOWNSHIP
 Community Recreation Department
 25215 West River Road
 Grosse Ile MI 48138
 Monday-Friday, 8am-5pm
 (734) 676-2364 phone
 (734) 692-9691 fax
 www.grosseile.com

Mr. Ms. Full Name _____

Address _____

E-Mail _____

Home Phone _____ Cell Phone _____

Are you a student? Yes No If yes, are you under 18? Yes No

What school do you attend? _____

	MON	TUE	WED	THU	FRI	SAT	SUN
AM							
PM							

Length of time you are available (1 month, 6 months, indefinite) _____

SKILLS (please check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Special Events | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Writing | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Disaster Training | <input type="checkbox"/> Reception/Greeter | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Graphics | <input type="checkbox"/> Languages | <input type="checkbox"/> Clerical | <input type="checkbox"/> Other |

How did you learn about the volunteer program?

- Cable TV Community Event
 Newspaper Referral
 Other

Position(s) applied for _____

Briefly describe relevant work and/or volunteer experience

Educational Background _____

Emergency Contact _____ Phone _____ Cell _____

REFERENCES Name _____ Phone _____
 (Other than relatives) Name _____ Phone _____

Have you ever been convicted of a felony? Yes No Type _____ Year _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Interviewer _____ Volunteer Start Date _____

Notes _____