



VOLUNTEER APPLICATION FORM

Our organization encourages the participation of volunteers who support our mission. The information on this form will be kept **confidential** and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest!

Name:

Mailing Address:

Phone:

Email:

Employer:

Position:

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, describe the conviction below. Please include the date, city, county, and state where the crime took place.

Any special talents or skills you have that you feel would benefit our organization?

Please tell us in which areas you are interested in volunteering:

Graphic Design	Event Committee
Sort/Organize Donations	Art Therapy Program Committee
Administration	Counseling Program Committee
Helping at Events	Emergency Assistance Program Committee
Writer/Grantwriter	Youth Prevention Program Committee
Outreach Committee	

At what times are you available to volunteer?

Flexible	Weekends	Evenings
Weekdays	Daytime	

Please be sure to **save the completed form and email it to:**

tina@sparrowfreedomproject.org

-or-

Print and mail the form to:

Sparrow Freedom Project
30773 Milford Road, #196
New Hudson, MI 48165

By signing below you agree that all information you have provided in this application are true to the best of your knowledge.

Signature:

(Type out your first and last name here.)

Date:

Questions? Please email us at info@sparrowfreedomproject.org.

www.sparrowfreedomproject.org