

RRTZ Volunteer Application

Date: _____ Name: _____

Address: _____ Primary Phone: _____

_____ Secondary Phone: _____

City State Zip

Email: _____ Preferred Method of Contact: Phone / Email

Employment Status: Full-Time Part-Time Unemployed Other: _____

Availability (Check all that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Evenings: (3 - 8pm) _____	Evenings: (3 - 8pm) _____	Evenings: (3 - 8pm) _____	Evening: (3 - 8pm) _____	Evening: (3 - 8pm) _____	Afternoon: (12 - 4pm) _____	Afternoon: (12 - 4pm) _____
					Evening: (4 - 8pm) _____	Evening: (4 - 8pm) _____

Volunteer Interest (Check all that apply)

- Adult Advisory Board
- Career and/or Community Mentor
- Special Events Volunteer
- Programs Assistant
- Facilities

Commitment (Check all that apply)

- More than 6 months
- Less than 6 months
- Weekdays
- Weekends
- Intermittent (Please explain) _____

Please tell us about yourself so we can best match your skills and expectations.

What interests you about volunteering with this organization?

What talents, skills, hobbies, or life experiences do you bring to your volunteering?

I agree that the above knowledge is true and accurate to the best of my knowledge. I understand that this application is not for paid employment. I hereby acknowledge that, shall I become a volunteer of River Rec Teen Zone, I will submit to a background check.

Volunteer Signature: _____ Date: _____

Please return this application to:

River Rec Teen Zone
430 Water St
Marine City, MI
48039

