



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Children's Foundation!

PERSONAL INFORMATION

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email _____

Employer/School _____

Are you 18 years or older? Yes No Birth Date (MM/DD/YYYY) _____

Do you have transportation? Yes No Gender Male Female

Are you volunteering to fulfill academic requirements? Yes No

Number of volunteer hours required _____ By what date? _____

How did you hear about us? (Facebook, website, friend, etc) _____

Please tell us about your previous volunteer experiences.

Have you volunteered with Children's Foundation in the past?

What is your motivation for volunteering with Children's Foundation?

EMERGENCY CONTACT

Name _____

Relationship _____

Phone (____) _____

VOLUNTEER PREFERENCES

Check all that apply:

Administrative/Office Support

Administrative/Office Support

Advocacy, Promotion & Public Speaking

*Providing Professional Services

If you selected "Providing Professional Services", indicate your specialty below (check all that apply):

Graphic Design

DJ/Band/Entertainment

Photography/Videography

Other (please specify): _____

Do you currently work professionally in the field checked above? Yes No

AVAILABILITY

Please indicate how often you would like to help:

Weekly Monthly Annually As Needed

Which time frame describes your availability?

Weekdays Weeknights Weekends (at events)

Monday Tuesday Wednesday Thursday Friday

Please share any additional comments & information.

I certify that all of my responses within this application are true to the best of my knowledge.

Signature _____ Date _____

**Thank you for your interest in volunteering with the Children's Hospital of Michigan Foundation.
We look forward to working with you soon!**