Birch Run Township Park Volunteer Application

Contact Information

Name
Street Address
City ST ZIP Code
Home Phone
Work Phone
E-Mail Address

Availability

During which hours are you available?

___ Weekday mornings
___ Weekday afternoons
___ Weekday evenings
___ Weekend mornings
___ Weekend afternoons
___ Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

___ Building Maintenance
___ Construction
___ Landscaping
___ Fundraising
___ Plantings
___ Path Maintenance
___ Painting
___ Volunteer coordination
___ Other

Person to Notify in Case of Emergency

Name
Street Address
City ST ZIP Code
Home Phone
Work Phone
E-Mail Address

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. A background check may be run from the information provided.

Name (printed)

Signature

Date

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.