



GET
INVOLVED
Be a volunteer and reap the rewards

Volunteer Member Application

Date: _____

Child/Children's Names: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

Days Available: Monday Tuesday Wednesday Thursday Friday
 Saturday Sunday

Hours Available: Morning Afternoon Nights

Please specify what hours are best for you: _____

Volunteer Opportunities (please check those you wish to sign up for):

- Bingo Mailings Camp Clean-up Building Beautification
- Mentoring-Specific Programs: _____
- Specific Skills/Trades: (ie: contracting, art, etc.) _____
- Other: _____

By signing up for our Volunteer Membership, you agree to help with one or more of the above activities. Failure to do so will result in the revocation of your Volunteer Member status.

Please return application to Richard Van Vorst or Amanda Ahlemeyer.