



Edgewood Village Volunteer Application

Thank you for your interest in volunteering in our community! Please complete this application and return it to the Edgewood Village administrative staff. It is required that a background check is completed before the start of volunteer service.

Contact Information

Date: / /

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

Availability

During which hours are you available for volunteer assignments?

- | | |
|--------------------|--------------------|
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering. Please check all areas that apply.

- | | |
|---|--|
| <input type="checkbox"/> Adult Programming | <input type="checkbox"/> Senior and disabled Programming |
| <input type="checkbox"/> Youth Programming | <input type="checkbox"/> Potluck helper |
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Health and Wellness | <input type="checkbox"/> Mailing |
| <input type="checkbox"/> Gardening/ Garden Workdays | <input type="checkbox"/> Promotional Distribution |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Computers Assisted Learning Center | <input type="checkbox"/> Other please specify _____ |
| <input type="checkbox"/> Transportation/Driver | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Do you speak other languages, if so please list:

Edgewood Village Non-Profit Housing Corporation

Phone (517)489-2850 Fax (517)483-2902



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Previous Volunteer Experience

Summarize your previous volunteer experience.

Person to Notify in Case of Emergency

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

Please complete this application and return it to Edgewood Village Administrative Staff.

NOTICE TO APPLICANTS: The information requested below is for the sole purpose of conducting a background investigation, which includes among other things a criminal conviction and driving record check.

Back Ground Check Information

Name	(First)	(Last)	(Middle)
Street Address			
City, ST, ZIP			
Date of Birth			
Race	<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaskan Native	
	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Black	<input type="checkbox"/> Other	
Gender			
Driver's License Number			

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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.

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.

Consent to a Background Check

The above person is volunteering for Edgewood Village Non-Profit Housing Corporation. Your cooperation in providing us with the information above will greatly assist us in making a determination.

I hereby authorize all persons, schools, companies, corporations, law enforcement agencies, and individuals to supply the information concerning my background and release them from all liability and responsibility arising from doing so.

Name (printed)	
Signature	
Date	

Contact log:

Date	Type of contact	Initials

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