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	Weekend mornings
Weekday afternoons	Weekend afternoons
Weekday evenings	Weekend evenings
Interests	
Tell us in which areas you ar	e interested in volunteering
Building Maintenance	
Construction	
Landscaping	
Fundraising	
Plantings	
Path Maintenance	
Painting	
Volunteer coordination	
Other	
Person to Notify in Case	e 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.