



Yes, I would like to VOLUNTEER!

(Please print or type)

Name	
Address	
City	
Zip	
Telephone	
Birth Date (Month/Day/Year)	
Church Affiliation	
Occupation	
Volunteer Experience	
Hobbies, Skills, Special Interests	
Volunteer Services Preferred	1) <a href="#">Click Here</a> 2) <a href="#">Click Here</a> 3) <a href="#">Click Here</a>
Days preferred: (Mon-Sun)	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
Hours preferred (Morning/Afternoon/Evening)	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening

**ALL VOLUNTEERS SERVING ON A REGULAR BASIS WILL BE REQUIRED TO GRANT PERMISSION FOR A MICHIGAN STATE POLICE BACKGROUND CHECK**

Mail form to:  
 Community Village  
 3200 Hospital Road  
 Saginaw, MI 48603-9622

Fax: 989.792.2717 | email: [info@communityvillage.org](mailto:info@communityvillage.org)