



**MIDLAND
COMMUNITY
CENTER
VOLUNTEER APPLICATION**

Return completed application to Welcome Center

Name: _____
First Middle Last

Address: _____ **MI** _____
Street City Zip

Phone: (____) _____ Email: _____

Date of birth *required*: _____ Gender: _____

All volunteers are subject to a criminal background check.

INTERESTS & SKILLS

Check the volunteer opportunities you are interested in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Welcome Center | <input type="checkbox"/> Climbing Wall | <input type="checkbox"/> One-time events |
| <input type="checkbox"/> Clerical/Office/Data entry | <input type="checkbox"/> Teens | <input type="checkbox"/> Family Fun Nights |
| <input type="checkbox"/> Children & Youth | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Annual Dow Run/Walk |
| <input type="checkbox"/> Wellness Center | <input type="checkbox"/> Youth Basketball | <input type="checkbox"/> Annual Begin to Swim |
| <input type="checkbox"/> Senior Center | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Camps |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Gymnastics/Dance | |

Middle School Athletics: _____
School/Sport

Maintenance/Handyman: _____
Skills

Other: _____

Tell us a little about yourself:

Physical limitations or medical restrictions: _____

What days and times you are available to volunteer? (ex: Wednesdays 6-9pm. Saturdays 9-11am, etc.)

Welcome Center Staff: Mark date received: _____
 Put completed forms in Ryan Longoria's mailbox.