

Office Use Only Orientation: _____ Match: _____ Date of Contact: _____
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Neutral Zone Group Volunteer Application

Organization/Group Name: _____

Contact Person Information

Name: _____ Email: _____

Phone: _____ Alternate Phone: _____

Local Address: _____ City: _____ State: _____ Zip: _____

Description of Organization/Group: _____

Why does your organization want to volunteer at the Neutral Zone? _____

How did you learn about our volunteer program? _____

Is this organization looking for a one time volunteer experience or recurring? _____

Please provide specific dates and/or days and times of the week your group is able to work.

Dates: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Statement of Agreement

I will not hold the Neutral Zone accountable for any injury that might occur to me throughout my work as a volunteer. I grant permission for the Neutral Zone to contact any listed references and to review a comprehensive background check.

Volunteer Signature: _____ Date: _____

Thank you for your interest! A Neutral Zone staff member will contact you soon.

Submit to: Neutral Zone c/o Lori Roddy, 310 E. Washington, Ann Arbor, MI, 48104

Phone: 734-214-9995

Fax: 734-214-9997

lori@neutral-zone.org