



<b>Office Only</b>
Orientation: _____
Background Check: ____

**Neutral Zone**  
**Volunteer Application 2017-2018**

**\*Please refer to volunteer packet for volunteer openings\***

**Your Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**References (Please DO NOT include relatives)**

Reference Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Personal Background and Volunteer Information**

Education Background: \_\_\_\_\_

\_\_\_\_\_

Professional training, certifications, special skills related to potential volunteer experience: \_\_\_\_\_

\_\_\_\_\_

---

**Volunteer Interest**

Please check the areas that fit your interest:

- Drop-in:** Assist in preparing healthy snacks, support tutoring, hang out with teens, and do light clean up. *Weekly commitment required.*
- Program Area:** Support a Neutral Zone leadership, music, literary arts, visual arts, or education program. *Specific skills generally required.*
- FreNZ:** Participate in a professional community of young adults who host events to fundraise and create more awareness of the Neutral Zone.
- Building Maintenance:** Volunteers who have skill sets in building maintenance, repairs, and building projects
- Special Events and Development Committee:** Support our special outreach and fundraising events.
- Group Projects:** Groups work together to prepare dinners, host cleaning parties, support mailings, or participate in special projects.
- Other:** Please describe \_\_\_\_\_

What are your preferred days and times?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you volunteering on behalf of an organization/company? YES NO If yes, who? \_\_\_\_\_

**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! Please submit your application and confirm your attendance to participate in an upcoming volunteer orientation that includes an opportunity to learn about Neutral Zone mission, practices, and policies.**

**Contact: Kelsey Cavanagh-Strong**  
**310 E. Washington, Ann Arbor, MI, 48104**  
**Phone: 734-214-9995 Fax: 734-214-9997 [Kelsey@neutral-zone.org](mailto:Kelsey@neutral-zone.org)**

---

---