Volunteer Application

Please direct all questions to (810) 238-4711 ext. 305.
Return application to 924 Cedar Street, Flint, MI 48503 or fax to (810) 238-6001.

Name: _____ Phone: _____

Address: _____

City: _____ State _____ Zip: _____

E-mail: _____

How did you learn about us? _____

What skills and/or hobbies would you like to share? _____

_____

Availability:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Times:							

References (Please list 3)**:**

Name	Phone Number	E-mail Address	Nature of Relationship	Years Known

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Volunteer Opportunities:
(Please select all that interest you.)

Maintenance/ Renovations

__ Building
__ Cleaning
__ Gardening
__ Maintenance
__ Minor repairs
__ Other
__ Painting

Temporary Home Turnover

_ Groups are needed to clean Shelter of Flint transitional housing in between occupants. Project involves washing all rooms, painting walls and cleaning carpet. Volunteers for this project should be available on a two-week notice.

Client Services

__ Children's programs
__ Donation management (sorting clothing and supervising distribution)
__ Parties & special events
__ Teaching outreach courses
__ Tutoring

Communications/Fundraising

__ Publicity
__ Special events
__ Third party fundraisers
__ Wish list item collection

Administrative Services

__ Filing
__ Mailings
__ Photocopying
__ Reception (at shelter)

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CRIMINAL / DRIVING RECORD CHECK

The undersigned hereby authorizes any and all law enforcement agencies to release a copy of any ***criminal record*** of pleas of guilty or convictions to the Shelter of Flint, Inc.

Name	**Date**
Address	**Social Security #**
City/State/Zip	**Birth Date**

The undersigned hereby authorizes any and all law enforcement agencies to release a copy of any driving record to the Shelter of Flint, Inc.

Driver's License #	Signature and Date

I understand that all of the above information I have provided to Shelter of Flint may be substantiated by Shelter of Flint to include physical and mental health, character references, records of law enforcement agencies or courts of law and give my permission to do so. I certify that all of the above information is accurate and true.

Signature: _____

Printed Name: _____ Date: _____

Parent/ Guardian Signature: _____

Printed Name: _____ Date: _____