

Family Partnership Grand Traverse
Volunteer Application

Please print clearly

Tell us who you are

Full Name _____ Date of birth _____ Sex (M/F) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other Number _____

Email Address _____

What volunteer position are you interested in? **If you are interested in mentoring, please fill out our mentor application**

_____ Grant Writing _____ Committee Work _____ Other _____
_____ Fund Raising _____ Office Work

How did you hear about Family Partnership Grand Traverse?

EDUCATION:

High School Graduate: Y N

College (circle one): Some Undergraduate Graduate Post Graduate

Major area of study:

EMPLOYMENT:

Most recent Employer:

Occupation:

Title of Position:

Length of Service:

Name of Supervisor:

Phone Number:

List other skills or interests which may assist you in volunteering (For example: computer, public speaking, fundraising, trades, certifications, etc...):

FPGT Volunteer Application

Are you fluent in another language? If yes, please list language(s) and level of proficiency:

TIME AVAILABLE FOR VOLUNTEERING:

Hours per week: _____ Regularly each week? Yes _____ No _____

Preferred days: Monday___ Tuesday___ Wednesday___ Thursday___ Friday___ Weekends___

Preferred times: Morning_____ Afternoon_____

VOLUNTEER EXPERIENCE

Organization(s):

Type of Service(s) Provided:

Volunteer Coordinator/supervisor name(s) and phone number(s):

Have you ever been convicted of a crime? Y N
If yes, please explain:

List three references that are not related to you and their contact information:

Applicant Understanding:

By signing, I understand that I am applying for an unpaid volunteer position at Longwood Gardens and that submission of this application does not guarantee placement in the volunteer program. I am over 17 years of age.

Signature of Applicant

Date

Please fill out and Return to: Family Partnership, 521 S. Union St., Traverse City, MI 49684
Fax: 231-947-3201 or email: familypartnership@live.com