

Volunteer/Intern Application

Name:				Date:				
Address:			Ci	City: State: ZIP:				
Home Phone	e:			Cell Phone:				
Email Addre	ss:							
Do you have	reliable trar	nsportation?	Yes No	_ Are you	u 18 or older	? Yes No_		
EMERGENCY								
Name: Phone Number:								
Are you volunteering through an organization?								
			? If yes, p					
What month	ns are you av	ailable?						
Please check in the boxes during the times you are available:								
Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
9-10am								
10-11								
11-12								
12-1pm								
1-2								
2-3								
3-4								
4-5								
5-6								
6-7								
7-8								
Below is a lis	st of voluntee	er/intern area	as. Check all th	at interest yo	ou:			
 □ Write/Edit/Design/Communications □ Digital Marketing/Social Media □ Nutrition/Cooking/Wellness Classes □ Urban Agriculture/Hoop House □ Farmers Market 				 ☐ Hawk Island Triathlon ☐ Fund Development/Grant Writing ☐ Community Economic Development ☐ Outreach/Engagement ☐ Office Support 				
Please list ar	ny hobbies, k	nowledge, ex	kperience or sk	ills you can s	hare with us:			
OFFICE USE ONLY:				Orientation		Email	Database	
800 W. Ba	arnes Ave,	Lansing, N	11 48910 ■	(517) 374-	-5700 ■ v	www.south	lansing.org	