



KIWANIS VOLUNTEER APPLICATION FORM

Name (FML): _____ Date of Birth (mm/dd/yyyy): ____/____/____

Address: _____ City: _____ St: ____ Zip: _____

Cell #: _____ Other Phone #: _____

Email: _____ Are you currently a student? ___ No ___ Yes, where _____

How many hours per ____ week or ____ month do you wish to volunteer? ____ Which day(s)? ___ Wed ___ Th ___ Fri ___ Sat

Name(s) of Kiwanis Member or Kiwanis Volunteer you know: _____

Previous experience or expertise: _____

How did you hear about Kiwanis? _____

Are you part of a student or a corporate group? ___ No ___ Yes. If yes, what group? _____

Please place an "X" in front of all that interest you below:

- | | | | | |
|--|---------------------------------------|--|---|--|
| <input type="checkbox"/> Antiques | <input type="checkbox"/> Crafts | <input type="checkbox"/> Linens | Tasks: | <input type="checkbox"/> Gen Mdse |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Electronics | <input type="checkbox"/> Med Supplies | <input type="checkbox"/> Cashier | Repair |
| <input type="checkbox"/> Collectables | <input type="checkbox"/> Flippin' | <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Dock Assistant | <input type="checkbox"/> Assistance with |
| <input type="checkbox"/> Art | <input type="checkbox"/> Furniture | <input type="checkbox"/> Shoe & Boots | <input type="checkbox"/> Host Monitor | Donations to Social |
| <input type="checkbox"/> Bikes | <input type="checkbox"/> Hardware | <input type="checkbox"/> Sports/Outdoor | <input type="checkbox"/> Packer | Agencies (Vouchers- |
| <input type="checkbox"/> Books | <input type="checkbox"/> Holiday Mdse | <input type="checkbox"/> Toys | <input type="checkbox"/> Sales Floor | Thurs Only) |
| <input type="checkbox"/> Records/CDs | <input type="checkbox"/> Housewares | | <input type="checkbox"/> Shelf Stocking | |
| <input type="checkbox"/> Camera/Optics | <input type="checkbox"/> Jewelry | | <input type="checkbox"/> Sorting | |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Lighting | | <input type="checkbox"/> Test/Repair | |

Have you volunteered before? ___ No ___ Yes. If yes, at what organization(s)? _____

Brief description of previous volunteer experience: _____

(...Experience continued): _____

Signature: _____ Date (mm/dd/yyyy): ____/____/____

If you have questions about volunteering, please contact **Mario Gasbarro**.
Phone: (734) 389-5589, or by Email to mgasb44791@comcast.net , or by Mail to:

Mario Gasbarro, Sales Manager
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*****Do not write below*****

Interview Date: ____/____/____ By: _____ Photo: ____ FMDB: ____.