



AS OF _____

KIWANIS VOLUNTEER APPLICATION FORM

PLEASE PRINT SO ALL INFORMATION IS LEGIBLE

NAME (FML): _____ DATE OF BIRTH (MM/DD/YYYY): _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PREFERED PHONE #: _____ SECONDARY PHONE #: _____

EMAIL ADDRESS: _____

ARE YOU A STUDENT OR PART OF A CORPORATE GROUP? ___NO ___YES. GROUP NAME: _____

ARE YOU VOLUNTEERING FOR CREDIT HOURS (i.e. For School, Church, or Community Service)? ___NO ___YES.

HAVE YOU VOLUNTEERED BEFORE? ___NO ___YES. BRIEF DESCRIPTION OF PREVIOUS VOLUNTEER

EXPERIENCE: _____

HOW DID YOU HEAR ABOUT KIWANIS? _____

NAME OF KIWANIS MEMBER OR VOLUNTEER YOU KNOW: _____

HOW MANY HOURS PER WEEK DO YOU WISH TO VOLUNTEER? _____

WHICH DAYS DO YOU WISH TO VOLUNTEER: ___MON ___TUE ___WED ___THU ___FRI ___SAT
(9a-1:30p) (9a-1:30p) (9a-1:30p) (9a-1:30p) (8a-3p) (8a-1p)

PLEASE MARK ALL THAT INTEREST YOU BELOW:

- | | | | | |
|--|--|--|--|--|
| <u>DEPARTMENTS:</u> | <input type="checkbox"/> CRAFTS | <input type="checkbox"/> OFFICE SUPPLIES | <u>TASKS:</u> | |
| <input type="checkbox"/> COLLECTABLES | <input type="checkbox"/> ELECTRONICS | <input type="checkbox"/> SHOES & BOOTS | <input type="checkbox"/> CASHIER | <input type="checkbox"/> TEST/REPAIR |
| <input type="checkbox"/> ART | <input type="checkbox"/> FLIPPIN'(FURNITURE) | <input type="checkbox"/> SPORTS/OUTDOOR/ | <input type="checkbox"/> DOCK ASSISTANT | <input type="checkbox"/> ASSISTANCE W/ |
| <input type="checkbox"/> BIKES | <input type="checkbox"/> HARDWARE | <input type="checkbox"/> MEDICAL | <input type="checkbox"/> HOST MONITOR | <input type="checkbox"/> DONATIONS TO |
| <input type="checkbox"/> BOOKS | <input type="checkbox"/> HOLIDAY | <input type="checkbox"/> TOYS | <input type="checkbox"/> PACKER | <input type="checkbox"/> SOCIAL AGENCIES |
| <input type="checkbox"/> RECORDS/CDs | <input type="checkbox"/> HOUSEWARE | <input type="checkbox"/> ROUGH SORTING | <input type="checkbox"/> SHELF STOCKING | <input type="checkbox"/> (THURS. ONLY) |
| <input type="checkbox"/> CAMERA/OPTICS | <input type="checkbox"/> JEWELRY | <input type="checkbox"/> CLOTHING | <input type="checkbox"/> FRI. 1PM-3PM SHELF STOCKING | |
| <input type="checkbox"/> CLOTHING | <input type="checkbox"/> LINENS | <input type="checkbox"/> ANTIQUES | | |

SIGNATURE: _____ TODAY'S DATE (MM/DD/YYYY): _____

CONTINUE ON BACK

KIWANIS MEDICAL EMERGENCY FORM (MEI)

PLEASE PRINT SO ALL INFORMATION IS LEGIBLE

PRIMARY EMERGENCY CONTACT NAME: _____

PRIMARY EMERGENCY CONTACT PHONE NUMBER(S): _____

RELATIONSHIP TO PRIMARY CONTACT: _____

SECONDARY EMERGENCY CONTACT NAME: _____

SECONDARY EMERGENCY CONTACT PHONE NUMBER(S): _____

RELATIONSHIP TO SECONDARY CONTACT: _____

IN CASE OF EMERGENCY, WHAT IS YOUR PREFERRED HOSPITAL TO BE TAKEN TO? _____

ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW: _____

IF YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION OR VOLUNTEERING, PLEASE CONTACT:

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