



## VOLUNTEER APPLICATION VILLAGE OF STOCKBRIDGE

PO Box 155, 118 N. Center Street  
Stockbridge, Michigan 49285

Please print or type.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP Code \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Cell.: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

What days of the Week are you available? \_\_\_\_\_

( ) Mon. ( ) Tue. ( ) Wed. ( ) Thur. ( ) Fri. ( ) Sat. ( ) Sun.

What hours of the day are you available? \_\_\_\_\_

First Date available for appointment \_\_\_\_\_

Date when you must leave: \_\_\_\_\_

What type of Volunteer work are you interested in  
Performing: \_\_\_\_\_  
\_\_\_\_\_

Volunteer assigned to help out with: ( ) DPW: Assignments, or ( ) Clerical Work

Signature of Village President or Village Manager: \_\_\_\_\_ Date: \_\_\_\_\_