



Office only BG Check _____ Matched _____
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Group Volunteer Application

Date _____

Organization/Group Name: _____

Contact Person Information:

Name _____ E-mail _____

Local Phone _____ Work Phone _____

Local Address _____ City _____ State _____ Zip _____

Description of Organization/Group:

Why does your Organization/Group want to volunteer at the Neutral Zone?

How did you learn about our volunteer program?

Are you planning to fulfill a certain number of hours with us, and if so, how many? _____

Please provide dates (if you have something specific in mind) or days of the week and times that your group is available to work.

Possible Dates: _____

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Do you or members of your group have a car accessible? _____ If so, are you willing to drive teens under Neutral Zone insurance? _____

Other projects or interests that may be applicable to the Neutral Zone (please describe):

Please have all volunteers sign a statement of agreement that is attached.

**Thank you for your interest!
A Neutral Zone staff member will contact you soon.**

**Submit to: Neutral Zone c/o Sonya Robbins, 310 E. Washington, Ann Arbor MI
48104**

Telephone: 734-214-9995 Fax: 734-214-9997 sonya@neutral-zone.org



ann arbor's teen center
Group Volunteer Statement of Agreement

I will hold the Neutral Zone blameless if I incur injury incident to my work as a volunteer. I grant my permission for the Neutral Zone Staff to contact listed references.

Volunteer Signature: _____ Date: _____

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