

Office Only
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The Neutral Zone
Ann Arbor's Teen Center

NEUTRAL ZONE VOLUNTEER APPLICATION

Your Information

Date: _____

Name: _____ Email: _____

Home Phone: _____ Work Phone: _____

Address: _____ City: _____

State: _____ Zip: _____

Emergency Contact Information

Name: _____ Relationship: _____

Address: _____ Phone1: _____

Phone2: _____

References (Please do not include relatives)

Reference Name: _____

Relationship: _____ Phone: _____

Reference Name: _____

Relationship: _____ Phone: _____

Personal Background

Education background: _____

Professional training/certification related to volunteer position: _____

Special skills related to volunteering experiences: _____

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

Volunteer Information

What are your expectations from this volunteer experience?

What are types of volunteering that you might be interested in exploring?

What are your preferred days and times?

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

Contact person for program: _____

Comments

Please provide any additional information that you think will be helpful in matching you with a unique volunteer experience.

Statement of agreement: I will not hold the Neutral Zone accountable for any injury that might occur to me through out my work as a volunteer. I grant permission for the Neutral Zone to contact any listed references and to review a comprehensive back ground check.

Volunteer Signature: _____ **Date:** _____

Thank you for your interest! A Neutral Zone staff member will contact you soon
Submit to: Neutral Zone c/o Marja Lankinen, 310 E. Washington, Ann Arbor, MI 48104
Phone: 734-214-9995 Fax: 734-214-9997 marja@neutral-zone.org