



**VOLUNTEER APPLICATION**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

**VOLUNTEER POSITION INFORMATION**

Administrative/In-Office

I can perform the following activities:

- Data entry
- Computer skills
- Making copies
- Answering phones
- Making phone calls to business
- Mailings
- Paperwork

Special Events

I can perform the following activities:

- Registration
- Booth
- Public Speaking
- Greeter
- Set-up
- Clean-up
- Community Outreach

Other Oppoities

I would like to:

- Share my story
- Other: \_\_\_\_\_

Day	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Time(s)							

\*Please note that Children's Leukemia Foundation of Michigan's office is open Monday through Friday from 8:30 am to 4:30 pm.

Please complete application and return to Children's Leukemia Foundation of Michigan at the address listed below, or fax to 248.530.3042

Thank you for your interest in volunteering for Children's Leukemia Foundation of Michigan.

S E R V I N G   A D U L T S   A N D   C H I L D R E N