



121 East Front Street Suite 301
 Traverse City MI 49684
 231-929-4250, Fax: 231-929-4255

VOLUNTEER APPLICATION

Please mail or fax your application to the TBCAC along with the [consent form](#)

NAME _____
 Last First Middle

MAIDEN _____

ADDRESS _____
 City State (Zip)

DATE OF BIRTH _____ SEX _____

SOCIAL SECURITY # ____ -- ____ -- ____

HAVE YOU LIVED IN A STATE OTHER THAN MICHIGAN IN THE PAST 5 YEARS? YES NO
 IF YES, WHERE? _____

HOME PHONE _____

CELL PHONE _____

WORK PHONE _____

OKAY TO CALL WORK? YES NO

EMAIL _____

EMPLOYMENT (Begin list with current or last employer)

<u>Employer</u>	<u>Position</u>	<u>Dates Employed</u>

VOLUNTEER EXPERIENCE

WHY DO YOU WANT TO VOLUNTEER?

List any strong interests, knowledge areas, hobbies, or skills which you could offer as a volunteer for the CAC:

PERSONAL REFERENCES: PLEASE PROVIDE NAMES AND CONTACT INFORMATION FOR 2 TO 3 REFERENCES

Signature _____

Date _____