



121 N. Main St P.O Box 90
Brooklyn MI 49230
(517) 592-2591

VOLUNTEER APPLICATION

TODAY'S DATE: _____

NAME (Last, First, Middle Initial): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE NUMBER: _____

EMAIL ADDRESS: _____

VOLUNTEER COMMITTEE FOR WHICH YOU ARE APPLYING

Position (Committee or Group): _____

EXPERIENCE/SPECIAL SKILLS

Previous Volunteer Experience:

Experience or special skills which you believe is relevant to the position for which you are applying:

Why do you want to serve on this committee:

Village Resident: Yes ☐ No ☐

Non-Resident Property Owner: Yes ☐ No ☐

EMERGENCY CONTACT INFORMATION (Optional)

NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE NUMBER - HOME	
- CELL	
EMAIL	

APPLICANT STATEMENT AND RELEASE OF CONFIDENTIAL INFORMATION

I affirm that the information provided on this application is true and complete.

Applicant's Signature

Date

OFFICE USE ONLY:

DATE RECEIVED: _____