

VOLUNTEER APPLICATION

Please note the following:

- Volunteers must be 18 years old
- Please type or print clearly

Last Name: _____ First Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: Home: (____) _____ Work: (____) _____ Cell: (____) _____
 E-mail Address: (Please print very clearly) _____
 Emergency Contact: _____ Relationship: _____ Phone: (____) _____
 Occupation: _____ Employer: _____
 (If you are a student, please indicate "student" in "Occupation" and enter your school name in "Employer")
 Birthdate (Month/Date/Year) ____ / ____ / ____ *Driver's Lic. # _____ Exp. ____ / ____ / ____
 *Required for any driving assignments

Please list any medical conditions or limitations that may hinder you from performing any volunteer assignments:

The Michigan Black Caucus Foundation offers a variety of volunteer opportunities year round. Please check the boxes below to indicate your interest:

Fundraisers Educational Programs Health Programs Construction Science Expo Drug Free Graduation Program

Marketing/Communications Fundraising Office/Administrative

Please indicate your hours of availability (Check all that apply):

Weekday Mornings Weekday Afternoons Weekday Evenings Weekend Mornings Weekend Afternoons Weekend Evenings

Please list any other languages that you fluently speak: _____

Please list any community organizations to which you belong: _____

How did you hear about volunteer opportunities with the Michigan Black Caucus Foundation?

Web Site Social Networking Print Materials Media Friend Other

Submission of application does not guarantee acceptance. Please send completed application to:

Email: Bcfadmin@michiganblackcaucus.org

Or

Black Caucus Foundation of Michigan
 African American Commerce Center
 17227 W. Seven Mile Rd.
 Detroit, MI 48235
 Phone: (313) 285-9234
 Fax: (313) 285-9231

Thank you for your interest in the Black Caucus Foundation of Michigan!