



Volunteer Application

Contact Information			
Name	Last:	First:	MI:
Street Address			
City ST ZIP			
Home Phone			
Work Phone			
E-Mail Address			

Availability	
During which hours are you available for volunteer assignments?	
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

Area(s) of Interest	
What are you interested in volunteering for?	
<input type="checkbox"/> Teaching	<input type="checkbox"/> Other MCFTB events (Operation Ball Gown)
<input type="checkbox"/> Classroom Logistics	<input type="checkbox"/> Youth programs
<input type="checkbox"/> Office Assistance	<input type="checkbox"/> Other (please list)

Agreement and Signature	
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.	
Name (printed)	
Signature	
Date	

Thank you for completing this application and for your interest in volunteering with us.

Please return application to:
 Marine Corps Family Team Building
 Building 598
 Monday – Friday 0800-1600
 (928) 269-6550
 (928) 269-6503