



Volunteer Application

Name: (First) _____ (Middle) _____ (Last) _____

Street Address: _____ City, State, Zip _____

Email Address: _____ Birthday (mm/dd) ____/____

Phone Numbers *(please indicate preferred phone)*:

Home: _____ (Preferred) ____

Office: _____ (Preferred) ____

Cell: _____ (Preferred) ____

In case of emergency contact: _____ Relationship _____

Phone Number: _____

Please indicate program preferences:



HELPLINK®: please indicate shift preferences

Tuesday – 9:30 AM to 12:30 PM _____

Tuesday – 12:00 PM to 3:00 PM _____

Thursday – 9:30 AM to 12:30 PM _____

Thursdays – 12:00 PM to 3:00 PM _____



Mentoring _____



Budget Coach _____

Please check areas of expertise you are willing to share with us:

_____ Medical

_____ Employment and Training

_____ Education (Elementary)

_____ Education (Secondary and vocational)

_____ Housing

_____ Legal

_____ Counseling *please mark all that apply*: drug____ alcohol____ marriage____ general____

_____ Financial (Budgeting, etc.)

_____ Human Services Agencies: *please list* _____

_____ Administration

_____ Veteran: *list branch of service* _____

_____ Other: _____

Return form to: The Little Collaborative Program Director, 1105 E. Front St. Traverse City, MI 49686. For more information, call: 231.946.6278. Note: All Volunteer positions require a background check.

1105 E. Front St. Traverse City MI 49686
(231) 946-6278 • littlecollabdir@gmail.com • www.littlecollaborative.org