



MICHIANA RESOURCES, INC.
VOLUNTEER SERVICE APPLICATION

PLEASE PRINT

NAME _____ TELEPHONE NUMBER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

CAN YOU PROVIDE YOUR OWN TRANSPORTATION? YES NO

CAN YOU PROVIDE CLIENT TRANSPORTATION? YES NO

Note: If you will drive for Michiana in any way, you will be required to show proof of license and vehicle insurance in your name for the personal vehicle you will drive for Michiana business.

VOLUNTEER EXPERIENCE _____ DATE(S) (Use back of form if required) _____

AREA(S) OF INTEREST (Review the attached Volunteer Opportunities Sheet attached) _____

AVAILABLE HOURS FOR VOLUNTEER WORK (INCLUDING WEEKEND HOURS) _____

NAME TO CONTACT IN CASE OF EMERGENCY: _____ PHONE: _____

EDUCATION (CIRCLE HIGHEST GRADE ATTAINED)

HIGH SCHOOL 8 9 10 11 12 COLLEGE 1 2 3 4 Other: _____

SPECIAL TRAINING/SKILLS _____

DO YOU HAVE PHYSICAL LIMITATIONS? _____

REFERENCES:

NAME _____ ADDRESS _____ TELEPHONE _____

NAME _____ ADDRESS _____ TELEPHONE _____

NAME _____ ADDRESS _____ TELEPHONE _____

VOLUNTEER'S SIGNATURE: _____ Date: _____

Please note – you will be required to show proof of an up-to-date TB “stick” or x-ray and you will be required to submit to a local and state Criminal History Check and Department of Motor Vehicle check if you will drive a personal vehicle for Michiana business. Several other personal checks will be required.