

Village, Museum & Recreation Area 2545 S. Charlton Park Rd. Hastings, MI 49058-8102 PH: 269-945-3775 FAX: 269-945-0390 www.charltonpark.org

## ALL INFORMATION IN THIS SECTION IS REQUIRED

NAME:	PHONE:	PHONE:				
ADDRESS:						
CITY/ZIP:	E-MAIL:					
OCCUPATION:		: (If student)				
DATE OF BIRTH:	•	ii studenty				
ADULT VOLUNTEER (18+) _	JUNIOR VOLUNT	EER AGE:	(If Junior)			
Briefly explain why you are	interested in becoming a volu	nteer at Historic Char	lton Park:			
Please list previous experier work at Charlton Park:	nces (volunteer, paid or educa	ational) that might be	helpful in your volunteer			
ACTIVITY	DUTIES	ORGANIZATION				
REFERENCES (non-family):						
NAME	PHONE					
1		_				
2						

Please inc	licate wh	ich of th	ne follov	ving vol	unteer (	opportu	nities a	are of interest to you:			
	Education Programs enance Gardens/Landscaping Other		_	Tour Guide/Docent Public Relations							
Please inc		-						er:			
	Sun	Mon	Tues	Weds	Thurs	Fri	Sat	$\neg$			
Morning	_							4			
Afternooi	1										
Evening											
	I am available I prefer to have on short notice a regular schedule							I am available on an as needed basis			
Thank you reviewed	and you							narlton Park! Your information will be			
1) V											
c d	2) I authorize Charlton Park to utilize my name and birth date for the purpose of obtaining a conviction only criminal file search from the Michigan State Police. I understand that if it is discovered that I have a criminal record, it may necessary for Charlton Park to terminate my volunteer status.										
•	by e-ma					_	•	contact the Programming & Education are (269) 945-3775. Thank you again for			
_	gnature						Date				
Р	arent/Gu	ardian (	ıt minor	)			Date				