

Motor City Stars

Volunteer Application

Name: _____ Phone: _____

Home Address: _____ Date of Birth: _____

City, State, Zip: _____

Email Address: _____

Emergency Contact: _____

Relationship: _____

Phone: _____

What are your reasons for wanting to participate as a Motor City Stars Volunteer?

How did you learn of our program?

Do you consent to a routine background check?

Yes No

Do you agree to complete Sexual Abuse Awareness Training?

Yes No

Are you receiving academic credit for your volunteer work?

Yes No

Are you able to volunteer on a consistent basis?

Yes No

What Volunteer opportunity are you interested in?

On Ice Off Ice

Signature of Applicant

Date

Please email completed form to tracyhorton2003@yahoo.com, or mail it to:

Skate to be Great

PO Box 70600, Rochester Hills, MI 48307