



MORaine TOWNSHIP APPLICATION FOR VOLUNTEER SERVICE

Thank you for taking the time to tell us about yourself! Moraine Township hopes to match our needs with your interests, placing a broad cross-section of residents on our Advisory Committees, and welcoming every volunteer hand to our Food Pantry/Pantry Plants Garden Project.

What is your primary activity interest in volunteering for Moraine Township?

Advisory Committee: _____ Pantry Other / Any _____

Name _____

Address _____

Phone (H)() _____ (W)() _____ (cell)() _____

Email _____

Resident of Moraine Township since (year) _____ Gender: M F

Age Range: 18-25 26-40 41-55 56-70 71-90 Marital Status: single - married - divorced - widowed

Number of persons in your household _____

If there are others besides yourself, please give approximate age(s): _____

Profession/Work Experience/Skillset background: _____

Volunteer Experience, local or otherwise (use back of this page if necessary): _____

Education: _____

Are you familiar with Moraine Township services (other than Assessor's Office)? Please specify, and comment if applicable:

Are you familiar with Moraine Township's grantee organization services? Please specify, and comment if applicable:

Language(s) spoken: _____

Availability (circle all that apply & indicate hours): • M-F: morning _____ afternoon _____ evening _____ • Sat-Sun: _____

Other information about you or your special interests or skills that you'd like us to know: