

**Village of Brooklyn**

121 N. Main St.  
P.O Box 90  
Brooklyn MI 49230  
(517) 592-2591



**VOLUNTEER APPLICATION**

TODAY'S DATE: \_\_\_\_\_

NAME (Last, First, Middle Initial): \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**VOLUNTEER COMMITTEE FOR WHICH YOU ARE APPLYING**

Position (Committee or Group): \_\_\_\_\_

**EXPERIENCE/SPECIAL SKILLS**

Previous Volunteer Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience or special skills which you believe is relevant to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to serve on this committee:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Village Resident: Yes  No

Non-Resident Property Owner: Yes  No

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**EMERGENCY CONTACT INFORMATION (Optional)**

NAME	
ADDRESS	
CITY, STATE ZIP	
PHONE NUMBER - HOME	
- CELL	
EMAIL	

**APPLICANT STATEMENT AND RELEASE OF CONFIDENTIAL INFORMATION**

I affirm that the information provided on this application is true and complete.

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_