



## 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 to help our residents.*

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

- Food Pantry       Pantry Plants Garden       Santullano Holiday Gift Drive  
 Advisory Committee: \_\_\_\_\_  Other / Any \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H)( ) \_\_\_\_\_ (W)( ) \_\_\_\_\_ (cell)( ) \_\_\_\_\_

Email \_\_\_\_\_

Resident of Moraine Township since (year) \_\_\_\_\_

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:

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

Language(s) spoken: \_\_\_\_\_

Availability (mark 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:

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