

Volunteer Application



Please complete all fields.

MAIL COMPLETED FORM TO:

Bluebird Cancer Retreats, 917 W. Savidge #37, Spring Lake, MI 49456

PERSONAL INFORMATION

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Best time to reach you: _____

Work Phone: () _____ - _____ Best time to reach you: _____

T-Shirt Size: _____ E-mail address: _____

EMPLOYMENT INFORMATION

Employer: _____ Years in Current Position: _____

Job Title: _____

Job Responsibilities: _____

VOLUNTEER EXPERIENCE

Organization: _____ Years of Experience: _____

Responsibilities: _____

Have you ever been a Bluebird volunteer: Yes No

If yes, when? _____

Have you ever been a Bluebird Retreat attendee: Yes No

How did you find out about Bluebird Cancer Retreats? _____

