



VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer for DeWitt Township and Granger’s “6th Annual Meadows Celebration-A Blast in the Moonlight” event. Please complete the following information regarding the type of volunteer position that would be of interest:

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Phone (h) _____ (w) _____ (cell) _____

Birth Date _____ (must be 16 years of age) e-mail _____

Shirt Size (circle one):

Adult S Adult M Adult L Adult XL Adult XXL Other _____
(Please fill in size)

The event is scheduled to run Friday, July 16th from 4:00 p.m. to 11:00 p.m. Please indicate your availability below:

Number of hours and time frame available _____

Activity for which you would like to volunteer (check all that apply)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Parking/Traffic Enforcement
<input type="checkbox"/> Volunteer Check In
<input type="checkbox"/> General Set Up/Clean Up
<input type="checkbox"/> Inflatable Activities-3:30-8:00
<input type="checkbox"/> Face Painting-4:00-8:00
<input type="checkbox"/> Kids Prize Bingo-4:00-5:30
<input type="checkbox"/> Concessions-3:00-10:00
Must be willing to wear ball cap or hair net | <input type="checkbox"/> Watermelon Eating Contest-6:00-8:00
<input type="checkbox"/> Sno Cones – 4:00-8:00
<input type="checkbox"/> Various Ongoing Small Children’s Contests -4:00-8:00
<input type="checkbox"/> Hula Hoop Contest 8:00-9:00
<input type="checkbox"/> Cardboard Canoe Race-5:00-7:30
<input type="checkbox"/> Scavenger Hunt 3:00-7:30
<input type="checkbox"/> Apples the Clown 5:30-9:00
<input type="checkbox"/> Lawn Games-3:30-8:00
<input type="checkbox"/> Please place me where you need assistance |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Signature (parent or guardian if under 18)

Date

Upon receiving your volunteer application, we will contact you with the date and time during which you will volunteer and the various duties you will perform. Your packet will also contain information regarding volunteer parking areas, volunteer check-in locations and activity locations where you will be stationed.

Emergency Contact Information

In the event of an emergency, please contact: _____ Phone: _____

I am allergic to: _____

If you have health issues or physical limitations, please note: _____

**Return application to: DeWitt Township, Attn: Linda Parkinson, 1401 W. Herbison Road, DeWitt, MI 48820
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