



**Hostelling International-USA-Michigan Council**  
 P.O. Box 510228  
 Livonia, Michigan 48151-6228

**Volunteer Application**

Date: \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_ Telephone # (Home): \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Telephone # (Cell): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

School Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Currently Student?  Yes  No

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Volunteer Areas of Interest:**

Position(s) applying for: \_\_\_\_\_

When are you available to volunteer?  Mornings  Afternoons  Evenings

Where did you learn about volunteer opportunities at HI-USA-Michigan?

What made you decide to volunteer for HI-USA-Michigan?

**Special Training and/or Skills**

Do you have any educational background, hobbies, skills or interests that will benefit HI-USA-Michigan Council  
 If so please list them:

**Volunteer/Work Experiences**

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Volunteer Title  Employment Title Position(s): \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Please Complete Both Sides

**Volunteer/Work Experiences Continued**

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Volunteer Title  Employment Title Position(s): \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Volunteer Title  Employment Title Position(s): \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**References**

List three persons not related to you who can judge your qualifications for a volunteer position in service to HI-USA-Michigan.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this reference? \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this reference? \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ How long have you known this reference? \_\_\_\_\_

I certify that all the information on this application is true and complete. I authorize HI-USA-Michigan to check the reference I have provided and investigate my background in order to verify the information I have provided. I understand that falsified or significant omission of any information may be considered grounds for non-acceptance or release from a volunteer position at a later date.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

There shall be no discrimination against an otherwise qualified volunteer by reason of disability, age, race, color, sex, ethnicity, creed, national origin or socioeconomic status.

Please return completed form to: HI-USA-Michigan  
Attention: Volunteer Coordinator  
P.O. Box 510228  
Livonia, Michigan 48151-6228

Questions? 248-302-8026  
FAX: 734-422-4924