



Volunteer Group Application Form

City of Monroe Recreation Department, 120 E. First St. Monroe, MI 48161, 734-384-9156

Group Information

For this section please fill in contact information for the planner of the group's volunteer efforts.

Group/Organization Name: _____

Type of Group or Org. (i.e. school) _____

Address _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Number of volunteers in your group: 1-10 _____ 10-20 _____ 20-30 _____
30-40 _____ 40-50 _____ 50-75 _____ 75-100 _____ Over 100 _____ Unsure _____

Group Description

Please describe your group, its demographics and motivation for seeking this volunteer opportunity. _____

Are there any limitations or special need to consider when selecting a project for your group? _____

Coordinator _____

Cell Phone: _____ Email _____

Alternate Coordinator Information

Name: _____

Cell Phone: _____ Email _____

Group Interests

Preferred Park locations or facility: _____

What types of projects, events, or activities would your group be interested in participating?
Are there any specific talents or interests that could be of special use?

Scheduling Interests

Seasons you would like to volunteer: Fall (Sept-Nov) _____ Spring (Mar- May) _____
Summer (June-Aug) _____ Winter (Dec-Feb) _____

Please indicate your group's preferred date(s) and time(s) for volunteering.

Daily _____ Weekly _____ Monthly _____ Occasionally _____

What day(s) of the week _____

WAIVER REQUIRED

I understand that filling out this registration form does not guarantee that my group will be able to volunteer with the City of Monroe. In addition, I understand that any member of my volunteer group under the age of 18 must have a liability waiver form on file with the group they are volunteering with signed by a parent or guardian prior to volunteering.

Signature _____ Date _____