

Friends of Camp Māk-A-Dream, Michigan Chapter
VOLUNTEER APPLICATION

(Please print.)

Date of application: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone #: _____ Alternate Phone #: _____

Email: _____

Are you older than 18 years? Yes No

If no, parent/guardian name: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Have you been to Camp Māk-A-Dream? Yes No

If yes, please check one: Camper Volunteer Chaperone Other _____

Please check areas interested in volunteering:

Special Events

- Cookies N' Dreams
- K9 Dog Walk
- Any special event (s)

Office assistance:

- Assist with mailings (labels/stuff envelopes, etc)
- Computer work (database updates, etc.)

- Grant writing
- Camper recruitment
- Other: _____
- Public Relations/Marketing

Please list any special talents, interests or other skills you would like to share:

Availability:

Please check days/times you are available to volunteer:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Other: (please list your availability) _____
- Mornings (9am-noon)
- Afternoon (noon-5pm)
- Evenings
- Anytime

Please return the volunteer application to:
Friends of Camp Māk-A-Dream, Michigan Chapter
121 W. Long Lake, Suite 120
Bloomfield Hills, MI 48034

Please contact us at (248) 723-5575 or info@campdreammich.org with any questions.