

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

(Please print.)

Date of application: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone #: _____ Cell 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 _____

Third Party Events _____

Office Assistance _____

Camper Recruitment _____

Public Relations/Marketing _____

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

Availability: Please list days/times you are available to volunteer.

Please return the volunteer application to:
Friends of Camp Māk-A-Dream, Michigan Chapter
408 S. Lafayette Avenue, Ste. 100
Royal Oak, MI 48067

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