



The **'field Zone** Youth Center
26000 Evergreen Road
Southfield, Michigan 48037
Southfield Centers for Youth, Inc.
www.fieldzone.org

The **'field Zone** – VIP (Volunteer Investigation Process) **APPLICATION**

Your Information (please print):

Your Name:	Maiden:	
Street Address:	City/State/Zip:	Phone:
Email Address:	Date of Birth: M/D/Yr	
Who referred you to the 'field Zone?	How many years have you lived in MI?	

Emergency Contact Information:

Name:	Relationship:	
Street Address:	City/State/Zip:	Phone:
Alternate Phone:		

References:

Name:	Relationship:	
Street Address:	City/State/Zip:	Phone:
Alternate Phone:		

Name:	Relationship:	
Street Address:	City/State/Zip:	Phone:
Alternate Phone:		

Personal Background:

Education: _____

Professional training/certification related to volunteerism: _____

Special Skills: _____

Other interests that may be applicable to the 'field Zone (please describe):

Volunteer Preferences

What are your expectations from this volunteer experience? _____

What are the types of volunteerism that you might be interested in providing? _____

What are your preferred dates and times? _____

Are you planning to provide a certain number of hours with us, and if so, how many and through what program? _____

Contact person for that program: _____

Comments and additional information you think might be helpful to us: _____

Statement of agreement: I hereby release the 'field Zone from all liability for any injury that might occur to me as a result of my work as a volunteer. I grant permission for the 'field Zone to contact any listed references and to review a comprehensive background check.

Volunteer Signature: _____ Date: _____

**Thank you for your interest in the 'field Zone! A staff member will contact you shortly.
Please submit this application to: 'field Zone Volunteers* 26000 Evergreen Road *
Southfield * MI * 48037-2055* www.fieldzone.org**