



INTERNATIONAL FRIENDSHIP GARDENS

Volunteer Application Form

Date: _____

Name: _____
(Last) (Middle) (First)

Address: _____
(City) (State)

Home Phone: _____ Bus. Phone: _____ E-mail: _____
(Optional)

Felony Conviction: _____ Yes _____ No If yes, please
explain _____

Birth date: (if under eighteen) _____

Medical Limits: (allergies, heart, arthritis, etc.) _____ Yes _____ No
If yes, be specific

In case of emergency, notify:

(Last) (Middle) (First)

Relationship: _____ Phone: _____ Home _____ Bus.

Volunteer Experience/ Special Skills:

Volunteer Signature

IFG Interviewer
(If Applicable)

Return to:
International Friendship Gardens
P.O. Box 8834
Michigan City, In 46361-8834
Ph: (219) 878-9885 Voice Mail
Web site: www.friendshipgardens.org