



VOLUNTEER APPLICATION

At the home of Mary E. MacDonald & Karl R. Ackerman, 202 Haverhill Road, Topsfield, MA 01983

Thanks for your interest in volunteering!

Please complete and return this form to Mary by post or e-mail: mary@marymacmissions.com

Contact Information

First and last name:

Age (birthdate):

Contact e-mail:

Contact phone:

Mailing address:

Emergency contact:

Please checkmark or X the areas you are able and willing to help:

1. Administration (help us coordinate and organize volunteers & volunteer activities)
2. Outreach/Marketing (help us spread the word about our programs)
3. Gardens/Horticulture (help us prepare the gardens for our programs)
4. Programs/Hospitality (help us host people with special needs during programs)

Please briefly describe your interest in volunteering & related experience:

When are you available to volunteer?

- Apr. - Oct., Seasonal; Program Type: Sunday Stroll Memory Café
- Apr. - Oct., Seasonal; Admin./Outreach/Garden Support; hours (est.) _____
- Year-round, 1-2x per month; hours (est.) _____
- Year-round, 1x per week; hours (est.) _____
- Year-round, More than 1x per week; hours (est.) _____
- One-time contribution; hours (est.) _____

If you are part of a group or family who wants to volunteer, please check here Yes

When are you available for an onsite interview?

Please mark with an X the best times you could be available for an interview:

weekdays, evenings, or weekends?

Please list two possible dates/times you could visit us for an onsite interview:

Interview Date & Time Option 1:

Interview Date & Time Option 2: