



## 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](mailto: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: