



Volunteer/Intern Form

120 S. State St. Big Rapids, MI 49307 | PO BOX 313

231-796-5342 | br@projectstarburst.org

Hours: Monday - Friday 10a – 4p

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Intern/Student - what is your major: _____

Days/Times I am available:

MON	TUES	WEDS	THURS	FRI

Emergency Contact

Name: _____

Phone: _____

I agree that all information gathered via this application is accurate and true to the best of my knowledge and understand that, if chosen, falsified statements on this application shall be grounds for dismissal. I understand and agree to allow project Starburst to complete a criminal background check which may determine my acceptance as a volunteer, staff member, intern and/or work study employee. I agree that my name and image may be used for marketing and advertising purposes.

Volunteer's Signature

Date Signed