



ZIIBIWING CENTER

of Anishinabe Culture & Lifeways

VOLUNTEER APPLICATION

Name _____

Address _____ City _____ State _____ Zip _____

Home # _____ Work # _____ Fax # _____ Email _____

In an emergency notify _____ Phone _____

Work Experience _____

Volunteer Experience _____

Interests _____

Skills _____

Availability:

Weekdays _____

Weekends _____

Evenings _____

Please check the following that may be of interest to you:

TEAM PLAYER

- _____ Exhibit/Collections Team
- _____ Membership Program
- _____ Office Assistant
- _____ Research Center Assistant

BEHIND THE SCENES

- _____ Mass Mailings
- _____ Membership Program
- _____ Promotions/Public Relations
- _____ Programs Assessment

SPECIAL EVENTS

- _____ Art & Craft Shows
- _____ Banquets & Feasts

NATURE LOVERS

- _____ Outdoor Interactive Area
- _____ Garden & Tree Team



Please return this form to:

Ziibiwing Center of Anishinabe Culture & Lifeways

Attn: Shannon Martin

6650 E. Broadway • Mt. Pleasant, MI 48858

Phone (989) 775-4761 • Fax (989) 775-4770

www.sagchip.org/ziibiwing

Thank you for your interest in the Ziibiwing Center!