

Flat Rock Community Center - Organization Volunteer Application

Today's Date ____/____/____

Name of Organization: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

1. Purpose and description of Organization:

Ages of group members: _____

*The Flat Rock Community Center requires 1 adult per 5 individuals under 16 years of age**. (Limited opportunities for those under 16 years old.)*

2. Availability

Weekdays: Days and Hours: _____

Weekends: Days and Hours: _____

Willing to work on special projects

Date(s) available: _____

3. Any physical limitation of group members? _____

4. Would your group care to have someone come and speak to them about the Community Center?

Yes No

**** If any group members are under 16 years of age, the Flat Rock Community Center requires a signed parental consent form. We currently do not accept applications for volunteers under the age of 12 years.**

**Please mail this form to:
Flat Rock Community Center
Misty Palmer, Director
187 Co. Rd. 686
Flat Rock, AL 35966**

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For Office Use Only

Date Rec'd _____ Rec'd By _____ Orientation Tour _____ Assignment _____ Other _____