



Shoreview Area Housing Initiative Volunteer Application

Name:

Email:

Group or Company Name:

Phone:

Best Time To Call:

Number of Volunteers:

I certify I am at least 18 years of age or consent to minors under my care volunteering.

I am interested in (check all that apply):

- | | | | |
|-----------------------------------|---|---|--|
| <input type="checkbox"/> Painting | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Supply Transport | <input type="checkbox"/> Other |
| <input type="checkbox"/> Yardwork | <input type="checkbox"/> Transportation | <input type="checkbox"/> Mentor | <input type="checkbox"/> No Preference |

Message:

Please complete this form and mail to:

Shoreview Area Housing Initiative
899 Cobb Road
Shoreview, MN. 55126

