

Friends of Freetown Village Information Sheet

Name _____ M _____ F _____
Please print

Address _____ City _____ Zip _____

Phone _____; cell _____

Email _____

Area(s) of interest _____

Complete if employed

Employer's Name _____

Address _____ City _____ Zip _____

Work Hours _____ Nature of Work _____

If you can be reached at work, what is your work phone number? _____

Does your company make contributions or donations to non-profit organizations? _____

List any previous volunteer experiences: _____

List special interests, hobbies, skills, training, or expertise: _____

How did you first learn about Freetown Village? _____

As a Friend of Freetown Village, I agree

To dutifully serve for at least one year in the area(s) I have chosen;
Be a member of Freetown Village, Inc.;
Be an advocate for Freetown Village, Inc.

Signature

Date