



Eastside Neighbors Growing in Community

Community Service Form

Name: _____ Date: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____ Date of Birth: _____

Emergency Contact: _____ Phone #: _____

Court Appointed Contact

Must list the name and phone number of your assigned court appointed contact. Court paperwork concerning your court assignment, deadlines, and other requirements or related information must be attached to be considered for volunteer work.

Name of Agency/Organization: _____

Contact Person: _____

Address: _____

Phone: _____ E-mail: _____

Please check in the boxes during the times you are available:

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9-10 am							
10-11							
11-12							
12-1 pm							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
7-8							

Below is a list of the possible volunteer areas with the Allen Neighborhood Center; check any and all that you think might interest you:

<input type="checkbox"/> Litter Patrol <input type="checkbox"/> Garden House (Greenhouse Work) <input type="checkbox"/> Newsletter Support <input type="checkbox"/> Office Support <input type="checkbox"/> Farmers Market (May. – Oct.) <input type="checkbox"/> Other ANC Program
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Please list any hobbies, talents, skills, knowledge areas, educational background, or other information you think might be useful for us to know: _____

ALLEN NEIGHBORHOOD CENTER

1619 E. KALAMAZOO ST. – LANSING, MI – 48912 – (517) 367-2468

OFFICE USE ONLY: _____ Orientation _____ Completed Service _____ Paperwork sent