



Volunteer Application

The **Michigan Association for Sexual Health** welcomes individuals willing to contribute time and skills to the accomplishment of our mission.*

Please complete and submit this form to info@MiSexualHealth.org. Remember to include your initials at the bottom. Someone will be contacting you soon!

Name: _____ Title: _____

Organization Name (if any): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Email: _____

Website (if any): _____

Primary Purpose of your Organization (if applicable): _____

How did you learn about MASH? _____

If you were referred by a MASH member please name: _____

Tell us why you'd like to invest your time with MASH? _____

What skills are you willing to contribute:

- | | |
|---|--|
| <input type="checkbox"/> writing skills | <input type="checkbox"/> making phone calls |
| <input type="checkbox"/> website design/maintenance | <input type="checkbox"/> administrative skills |
| <input type="checkbox"/> anywhere I'm needed | <input type="checkbox"/> other: _____ |

By initialing here: _____, the volunteer applicant indicates their full support of the MASH Mission and Statement of Beliefs.

Thank you for your interest in helping MASH succeed!

*Volunteers do not represent nor are they authorized to speak on behalf of MASH or its Board.

www.MiSexualHealth.org

1-877-330-MASH