



MISSION POINT LIGHTHOUSE

Lighthouse Volunteer Application

Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email(s): _____

Have you been to our lighthouse? _____ When? _____

How did you find out about our volunteer program? _____

Have you ever participated in a Volunteer Program at another lighthouse? _____

If yes, which one(s)? _____

Please check all that apply to your qualifications, skills, experience, or education.

- ☐ Carpentry ☐ Historic Restoration ☐ Clerical ☐ Retail ☐ Computers
☐ Photography ☐ Education ☐ Exhibits ☐ Grant Writing ☐ Power Tools
☐ Landscaping ☐ Working with the public ☐ Writing ☐ Public Speaking ☐ Marketing ☐
Drafting/Graphics ☐ Art ☐ Construction ☐ Historical Interpretation

☐ Other: _____

Have you volunteered before? If so, please describe your volunteer experience.

If you are interested in working in our gift shop, we need a copy of your driver's license.

Signature _____ Date _____

**Please drop off or mail to: Volunteer Program, Mission Point Lighthouse 13235
Center Road, Traverse City, MI 49686**

Email: missionpointlight@gmail.com Phone:
(231) 645-0759

(revised Dec 2021)