Maple Shade Township
Senior Property Maintenance Assistance Program
Volunteer Registration Form

Please complete the information below if you are interested in volunteering. *Please write legibly*

Full Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Are you over 18? ☐ Yes ☐ No

Preferred Method of Contact: ☐ Email ☐ Phone Call ☐ Text

Availability (Days/Times): ☐ Weekdays ☐ Weekends

☐ Mornings ☐ Afternoon ☐ Evenings

Type of Assistance You Are Willing to Provide (check all that apply):

☐ Snow Removal ☐ Grass Cutting ☐ Light Yard Work

Do you have your own equipment? (Optional):

☐ Yes ☐ No If yes, please list:

_____

Emergency Contact Name:_____

Emergency Contact Phone Number: _____

Volunteer Agreement:
I understand that this is a volunteer program and I agree to follow all Township guidelines and safety procedures. I acknowledge that I am volunteering at my own risk.

Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO THE TOWNSHIP MANAGER'S OFFICE OR BY EMAIL TO: TWPMGR@MAPLESHADE.COM