



SABLE POINTS LIGHTHOUSE KEEPERS ASSOCIATION JR. KEEPER APPLICATION

Name: _____ Birthdate: _____

School: _____ Grade: _____

School District: _____

Email: _____ Phone #: _____

Emergency Contact (Name, Relationship, Phone #): _____

Which light do you want to volunteer for? Please check all that apply:

- Big Sable Point Lighthouse Little Sable Point Lighthouse
 Ludington North Breakwater Lighthouse White River Light Station & Museum

Please check all that apply:

- I am a first-time applicant
 I have worked previously at the following lights: BSP | LSP | LNBL | WRLS
 I am also interested in volunteering for: Night at the Lights (LSP) | Bus Days (BSP)
 I need a name tag. Preferred Name: _____

All applicants who are 17 years in age or younger **must** provide parent consent upon submission of this application. Volunteer responsibilities include (but are not limited to): painting, cleaning, stocking/restocking gift shop merchandise, greeting visitors, and assisting staff with various projects.

Parent Name (Printed): _____ Date: _____

Parent Signature: _____

If you have any questions about this application or our Jr. Keeper's program, please contact Raelyn via phone **(231) 845-7417** or via email at **splkaoperations@gmail.com**.