



VOLUNTEER SERVICES APPLICATION

First and Last Name: _____

Street Address: _____

Cell Phone: _____ Okay to contact?

Home Phone: _____ Okay to contact?

Date of Birth: _____ Email: _____

Do you have a family member employed at Bethany Home? Yes No

If answered yes, please list the name of family member: _____

Have you ever volunteered or been employed at Bethany Home? Yes No

Present occupation/employer: _____

Position/Years of service: _____

Special training/certification: _____

Previous volunteer experience with any other organizations? Yes No

If yes, where? _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency who should we notify?

Name: _____

Relationship: _____ Phone: _____



PERSONAL OR PROFESSIONAL REFERENCES

Please provide names and email addresses of three people who are not family members or significant others. References may be personal or professional in nature. I authorize my reference to release any information they may have concerning my volunteering.

1. Name _____ Phone _____

Home address: _____

Email address: _____

2. Name _____ Phone _____

Home address: _____

Email address: _____

3. Name _____ Phone _____

Home address: _____

Email address: _____