



Volunteer Application

Date: _____

Applicant's Name _____ Email _____

Address _____ City _____

State _____ Zip _____ Phone _____

Notify in Case of Emergency:

Name _____

Address _____ City _____

State _____ Zip _____ Phone _____

Employment/Volunteer Experience

Employer _____

Position _____

Dates: From _____ To _____

Employer _____

Position _____

Dates: From _____ To _____

Hobbies, Skills, Talents, Special Interests, Special Training:

BHS Program Interests:

___ Education Programs ___ Gardening ___ Public Events ___ Special Projects

Days/Times Available: _____



Volunteer Application

Student Volunteers (under 18 years of age): All student volunteers must have parental permission to work BHS.

I give permission for _____ to volunteer at BHS.

Signature Parent/Guardian _____
Date

Parent/Guardian Name: _____

Address _____ City _____

State _____ Zip _____ Phone _____

Signature of Applicant _____
Date

Executive Director _____
Date

Office Use Only:

- Education
- Gardening
- Public Events
- Other

Chairperson notified: ___Yes ___No

Orientation completed: ___Yes ___No