

ONLINE VOLUNTEER APPLICATION

Name: _____ **Tel:** (____) _____

Address: _____

Email: _____

Education _____

Employer _____ **Job Title** _____

Retired? _____ **If so, former career** _____

Special training _____

Volunteer experience _____

Hobbies/Interests _____

Skills you would like to share _____

Skills you would like to learn _____

Availability:

Weekly _____ **Twice Monthly** _____ **Special events** _____

Days of week available _____ **Mornings** _____ **Afternoons** _____ **Evenings** _____

(Please rank shifts 1, 2, & 3 in order of preference)

Preferred volunteer duties _____

Emergency contact: Name: _____ **Relationship** _____

Day phone: _____ **Evening phone:** _____

Reference: Name: _____ **Relationship:** _____

Day phone: _____ **Evening phone:** _____

Why do you want to volunteer with BIHS? _____
