



BEACON OF HOPE CENTER FOR WOMEN, INC.

VOLUNTEER FORM

Name: _____ Are you 15 years or older? Yes No

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Current Employer: _____ Job Title _____

Current Employment Status: Full-Time Part-Time Homemaker Retired Unemployed

PLEASE INDICATE FOR WHICH EVENTS YOU ARE INTERSETED IN VOLUNTEERING

Hours Available to Volunteer

Monday through Friday 10:00 am – 1:00 pm Monday through Friday 1:00 pm – 4:00 pm

Volunteer at Special Events

Flier Distribution Registration Table Bulk Mailing for Special Events Fundraising

Volunteer at Beacon of Hope Facility

Office Work Crisis Call Center Donation Area Marketing Grant Writing
 Housekeeping/Cleaning

Volunteer for Our Foster Pet Program

Foster Pet Family Foster Pet Transporter Volunteer at Exhibit Booths

In case of emergency contact: _____ Phone number: _____

Birthdate (Month & Day Only): _____ How did you hear about us? _____

<input type="checkbox"/> Bilingual	<input type="checkbox"/> Event Planning
<input type="checkbox"/> Microsoft Experience	<input type="checkbox"/> Marketing/Sales
<input type="checkbox"/> Basic Excel	<input type="checkbox"/> Management
<input type="checkbox"/> Advanced Excel	<input type="checkbox"/> Educator
<input type="checkbox"/> Publisher	<input type="checkbox"/> Interview Skills
<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Other
<input type="checkbox"/> Public Speaking	<input type="checkbox"/>
<input type="checkbox"/> Grant Writing	<input type="checkbox"/>
<input type="checkbox"/> Legal	<input type="checkbox"/>

Are there any medical and/or physical limitations? Yes No
If yes, explain:

Church Affiliation:

List any additional information, special interests, or experience, you feel may be helpful to us in considering your application.

What is the best way to contact you? Email Cell Home Phone

Have you filed a volunteer application with us before? Yes No

Have you ever been convicted of a crime? Yes No
If yes, explain the nature of the crime and the date of the conviction and disposition. Conviction of a crime is not an automatic disqualification for volunteer work:

References: (At least one professional and one personal – no family members)

Name	Relationship	Daytime Phone Number	How long have you known them?

I certify that information/answers given herein are true and complete to the best of my knowledge. As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problems which may arise from any volunteer work I perform for the organization.

Signature _____ Date _____