

Date : _____



VOLUNTEER SERVICE APPLICATION

NAME: _____ SEX: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

HOME PHONE: _____ E-MAIL ADDRESS: _____

PLACE OF BUSINESS: _____ BUSINESS PHONE: _____

*MARITAL STATUS: _____ *BIRTHDATE: _____ *AGE: _____

*NUMBER OF CHILDREN: _____ *AGES: _____

*ETHNIC BACKGROUND: _____ *CHURCH AFFILIATION: _____

*EDUCATION - Highest Grade or Degree Completed: _____ Where: _____

*If pursuing a degree, in what field: _____

DO YOU HAVE TRANSPORTATION AVAILABLE? _____

HAVE YOU DONE VOLUNTEER SERVICE BEFORE? _____ WHERE? _____

FOR HOW LONG? _____ WHAT? _____

PLEASE STATE ANY FOREIGN LANGUAGES YOU MAY SPEAK: _____

WHAT TYPE OF VOLUNTEER SERVICE ARE YOU INTERESTED IN?

(1) Mentor: Child _____ (3) Clerical _____ (5) PARA - ESL

I am available for a 6 mo. to 1 year commitment Yes No

(2) Tutor _____ (4) Transporter _____ (6) Other _____

I am available for the school year Yes No

SPECIAL SKILLS OR TALENTS: _____

PLEASE LIST THREE REFERENCES WHO RESIDE IN THE UNITED STATES, WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR, WHO ARE NOT RELATED TO YOU, AND THEIR FULL ADDRESS, FAX NUMBER or EMAIL:

*Failure to give complete information will slow the application process.

(Name) (Street address) (City) (State) (Zip) OR (Fax Number) OR (Email)

1. _____

2. _____

3. _____

* I authorize Bethany Christian Services to investigate my past work or school record and performance. I release all employers, schools, or person supplying such information from all liability arising out of their response to such investigation.

On the back of this application, please briefly explain why you are interested in volunteering at Bethany & include any important experiences or facts about yourself that will help us to better understand who you are.

Applicant's Signature: _____

* optional