



Volunteer Form

DATE: ___/___/___

NAME: _____ PHONE: _____

ADDRESS: _____
CITY STATE ZIP

PREVIOUS WORK EXPERIENCE: _____

EDUCATIONAL BACKGROUND: _____

SPECIAL QUALIFICATIONS & SKILLS: _____

PREVIOUS VOLUNTEER EXPERIENCE: _____

REASON FOR VOLUNTEERING AT BETHLEHEM HOUSE: _____

LIST THREE REFERENCES:

PARISH OR CHURCH: _____ TELEPHONE: _____

FRIEND: _____ TELEPHONE: _____

PREVIOUS JOB: _____ TELEPHONE: _____

PLEASE CHECK YOUR AREA OF INTEREST:

- | | | |
|---|---|---|
| <input type="checkbox"/> SEW FOR US PROGRAM | <input type="checkbox"/> CLIENT ADVISOR | <input type="checkbox"/> PUBLIC RELATIONS |
| <input type="checkbox"/> KNIT PROGRAM | <input type="checkbox"/> FUND RAISING | <input type="checkbox"/> CLEANING |
| <input type="checkbox"/> BASKET FOR BABIES PROGRAM | <input type="checkbox"/> BABY SHOWER | <input type="checkbox"/> PRAYER PROGRAM |
| <input type="checkbox"/> NEWSLETTER | <input type="checkbox"/> PROFESSIONAL RESOURCES | <input type="checkbox"/> HOUSE CLEANING |
| <input type="checkbox"/> BABY BOTTLE FUND RAISING PROGRAM | <input type="checkbox"/> TAG SALE | <input type="checkbox"/> PERSONAL NEEDS |

DAYS AVAILABLE:

- MONDAY
- TUESDAY
- WEDNESDAY
- THURSDAY
- FRIDAY
- SATURDAY

TIME:

FROM _____ TO _____
FROM _____ TO _____
FROM _____ TO _____
FROM _____ TO _____
FROM _____ TO _____
FROM _____ TO _____

BRIFLY DESCRIBE YOUR EXPECTATIONS WITH BETHLEHEM HOUSE:

