

Bethlehem House, Inc.

Please fill out and return to: 33 Knipfer Ave., Easthampton, MA 01027

(413) 262-8517

Volunteer Form

DATE: ___/___/___

NAME: _____ TELEPHONE: _____

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: _____
Email: _____

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 & CROCHET PROGRAM | <input type="checkbox"/> FUND RAISING | <input type="checkbox"/> HOUSE 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"/> PERSONAL NEEDS |
| <input type="checkbox"/> BABY BOTTLE FUND RAISING PROGRAM | <input type="checkbox"/> TAG SALING | |

DAYS AVAILABLE:

TIME:

BRIFLY DESCRIBE YOUR EXPECTATIONS WITH BETHLEHEM HOUSE:

- | | |
|------------------------------------|---------------------|
| <input type="checkbox"/> MONDAY | FROM _____ TO _____ |
| <input type="checkbox"/> TUESDAY | FROM _____ TO _____ |
| <input type="checkbox"/> WEDNESDAY | FROM _____ TO _____ |
| <input type="checkbox"/> THURSDAY | FROM _____ TO _____ |
| <input type="checkbox"/> FRIDAY | FROM _____ TO _____ |
| <input type="checkbox"/> SATURDAY | FROM _____ TO _____ |

