



VOLUNTEER APPLICATION

Name _____ Date _____

Address _____ DOB _____

Phone _____ (home) _____ (work or cell)

Emergency Contact and Phone # _____

Tell us about you and your interests. Why do you want to volunteer at BHP?

Do you speak any languages besides English fluently? _____

Do you have any concerns or requests? _____

What days and times are you available to volunteer? _____

Which type of volunteer work do you prefer? (Please circle one or more)

Individual Resident

Group

Office Work

List any relevant previous experience that you have.

Please list two references: (name and phone number)

1. _____

2. _____

Please sign here _____

If you are a friend or relative of one of BHP's residents, please give us that person's name, address, your relationship to them and the length of time you have known them.

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For BHP Volunteer Office Use Only

This volunteer is assigned to or matched with:

Start date _____ Stop date _____