

Volunteer Application

APPLICANT INFORMATION								
Name			Voluntee	r Position			Date:	
			'		1 st Choice	2 nd Choice		
Street Address				City		State	ZIP	
Home Phone:		Cell:			E-mail Address			
Husband's Name (if applicable)			Number of Children			Ages		
Religion or Church Affiliation: (not required)								
EDUCATION								
High School? College Degrees or Vocational training:								
JOB EXPERIENCE								
Please list your job experience (including volunteer activities) and describe responsibilities:								
1.								
2.								
3.								
REFERENCES								
Personal: (1) A close family member; & (2) <i>Preferably</i> someone with Birthright or your pastor:								
Name			Address				Phone	
Name	Address						THORE	
Name Address						Phone		
Business/Professional Reference (if applicable)								
Name Address						Phone		
How many hours per week are you available for volunteer work?						4)	1inimum 3½ hours)	
Which day(s) of the week are you available to volunteer?								
How did you become aware of Birthright?								
Why are you interested in being a Birthright volunteer?								
How does your family view your desire to do volunteer work at Birthright?								

PLEASE RETURN FORM TO:

Sheri Petruso, Executive Director Birthright of St. Charles 2125 Bluestone Dr., Ste. A St. Charles, MO 63303 (636) 724-1200

Office Use:					
Position:					
Work Schedule: Day	Time:				
Birthday: mm/dd					
Prefer Text or Call when bad weather:					