



Volunteer Application

APPLICANT INFORMATION							
Name						Date:	
Street Address				City	State	ZIP	
Home Phone:		Cell:		E-mail Address			
Volunteer Position		1 st Choice			2 nd Choice		
How Did You Hear About Birthright St. Charles and why are you interested in being a Birthright Volunteer?							
SPECIAL SKILLS, TRAINING OR HOBBIES <small>Tell us about the special skills you'll bring to Brithright.</small>							
JOB EXPERIENCE							
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				Phone	
Business/Professional Reference (if applicable)							
Name		Address				Phone	
How many hours per week would you like to volunteer?							
Which day(s) of the week are you available to volunteer?							
How did you become aware of Birthright?							
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
 email:
 sheir@Birthrightstcharles.org

Office Use:

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