



Volunteer Application

Date: _____

Name: _____

Email: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Birthday (MM/DD/YY): _____

Emergency Contact: _____
(Name) (Relationship) (Phone)

Interested In:	Monthly Baker	Party Coordinator	Office Volunteer/Internship <i>(fill out section A on back)</i>	BIAB Driver <i>(fill out section B on back)</i>
Available Start Date:	_____			

Do you have any prior experience with Birthday Wishes? _____

How did you hear about Birthday Wishes? _____

Employment Status: _____
(Employer) (Position) (Address)

Are you in school: _____
(School) (Town) (Grade)

Do you have prior volunteer experience? Yes No
(List below)

Organization: _____ Role: _____ Dates: _____

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Are you fluent in other languages, please list: _____

List any special skills or certifications: _____

Why are you interested in volunteering with Birthday Wishes:

Section A. Office Volunteer/Internship

Availability: *Please select the time block(s) you are available each work day.*

Monday	Tuesday	Wednesday	Thursday	Friday
10am - 12pm	10am - 12pm	10am - 12pm	10am - 12pm	10am - 12pm
12pm - 2pm	12pm - 2pm	12pm - 2pm	12pm - 2pm	12pm - 2pm
2pm - 4pm	2pm - 4pm	2pm - 4pm	2pm - 4pm	2pm - 4pm

Dates not able to work (mm/dd): _____

Internship Applicants Only:

Reason for internship: School Credit Service Hours Other: _____

Desired Duration of Internship: _____

Section B. BIAB Driver *(background check required)*

Driver's License #: _____ Plate #: _____ State: _____

Car Information: _____
(Make) (Model) (Year) (Color)

Availability: _____
(Deliveries are made during a 9am-5pm work week)

Office Use Only:

Regional Office: _____

Actual Start Date: _____
(MM/DD/YYYY)

Background Check Submitted Date: _____

Background Check Approved Date: _____