

## **Volunteer Application Form**

	Date:
Name:	
Address:	
E-Mail:	
Home phone:	_ Cell phone:
Preferred way for us to contact you:	Best time to contact you:
Are you able to commit to a block of tir	ne every week?yesno
·	lo in your volunteer capacity. Check all that apply. s, assist with grocery shopping, pick up prescriptions.
Technology Assistance. Provide as phones and iPads.	ssistance with PCs and Macs, help with the Internet, smart
Office/Administration. Help with make phone calls to check on other	computer entry, mailings, stuffing parties for newsletters, members.
Events. Volunteer for special BHV	events.
Writing and Photography. Write and take member photos.	and edit articles, marketing materials and event invitations,

**Volunteer Opportunities:** Please fill in *days* and *times* when you are available (between 7am and 9pm).

Monday Tuesday Wednesday Thursday Friday				
Wednesday Thursday				
Thursday				
·		-		
Friday	1			
Saturday				
Sunday				
		ame, phone number, e	mail, and relationship	o. Please include
professional refere	nces, not family o	or close friends):		

Please return completed form to: Jennifer Spring, Office Manager & Volunteer Coordinator (see address below)