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| --- | --- |
| Volunteer Application |  |

##  Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

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| --- |
| Participants’ activities (\_\_\_\_Computers \_\_\_\_Exercise \_\_\_\_\_Woodworking \_\_\_\_Social) |
| Events |
| \_\_\_ Maintenance (\_\_\_\_Painting \_\_\_\_Woodworking \_\_\_Electrical \_\_\_\_Misc. repairs) |
| Fundraising\_\_\_ Administrative\_\_\_ Photography\_\_\_ Information Technology (IT) |
| Deliveries |
| Phone bank |
| Newsletter production |
| Product Store (inventory/sales/etc) |

## Special Skills or Qualifications

### Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Previous Volunteer Experience

### Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Cell Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Statement of Confidentiality

### As a volunteer for BASCA, I understand that I must maintain the privacy and confidentiality of any and all participant information. Because BASCA serves a vulnerable population I recognize the value and sensitivity of confidential information and understand that it is protected by law (Health Insurance Portability & Accountability Act).

## Photo Release

### I am willing to have my photo taken and grant BASCA permission to use my picture without restriction be it print, internet website or any future media market.

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of BASCA, Inc. to provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability.

### Thank you for completing this application form and for your interest in volunteering with BASCA, Inc.