



AUXILIARY

APPLICATION "VOLUNTEEN" PROGRAM

Name _____ Date of Birth _____

Address _____ Phone _____

E-mail address _____ Cell Phone _____

Name of School _____ Graduation year _____

Interests, School Activities, Skills, Etc.

Reason for
Volunteering _____

Is this for School Credit ? _____ Yes _____ No Number of Volunteer Hours Needed:

Days you are available to Volunteer--M___T___W___TH___F___ST___SN___

Times you are available to Volunteer _____

Dates you are available to Volunteer _____ to _____

Preferred Assignment
1. _____
2. _____

Parent's Name _____ Phone _____

Reference Name _____

Address _____ Phone _____

(IF UNDER 18 YEARS OLD)

Your signature indicates your approval for your child's participation in the "volunteen" program, your acknowledgment that he or she is in good health, and your consent for us to contact your child's physician.

PLEASE COMPLETE AND RETURN TO:
BVH, Department of Volunteer Services
Attention: Heather Schalk
117 Highland Drive
Findlay, Ohio 45840

Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, or sex.

APPLICANT'S SIGNATURE _____ DATE _____

PARENT'S
SIGNATURE _____ DATE _____