



BRAVE HEART VOLUNTEERS

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Volunteer Application

Personal information:

Name: _____ Phone (cell): _____ (W): _____

Address: _____ Email: _____

Date of birth: _____

Occupation or former profession: _____

How did you learn about *Brave Heart Volunteers*? _____

Volunteer options - please check all areas you are willing to help with:

___ Companionship visits ___ Yard work
___ Writing letters/reading ___ Light housework
___ Shopping/errands ___ Minor home repairs
___ Simple meal preparation ___ Help with publicity
___ Playing cards or games ___ Fundraising events
___ Respite care (for caregiver) ___ Transport to appointment
___ Dog Therapy Program Other _____

Placement preference: I can volunteer visit: ___ as needed ___ once a week (1-2 hours) ___ twice a month

Below, please check the times you are available.

Time/Day	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning							
Afternoon							
Evening							

If available, are you willing to help on-call with short notice? ___ yes ___ no

Check one:

I prefer: ___ A short-term assignment ___ An ongoing assignment ___ Either one is OK

Do you smoke? ___yes ___no Are you allergic to pets? ___yes ___no Please specify:

List any special considerations or preferences for your visiting: (visit location, age, gender, etc?)

Matching Information:

Please list your special interests, skills, previous volunteer experiences and hobbies:

Work Experience: If you have been employed in the last 5 years, please list the name and address of your present and previous employers. (only list the last 2)

Employer name, address, phone	Dates employed	Job title, duties

Screening information:

Have you ever been convicted for violation of any laws, traffic or otherwise? ___ yes ___ no

If yes, please explain: _____

Do you have any physical condition that may limit your volunteer activities? ___ yes ___ no

If yes, please describe: _____

Emergency contact:

Name: _____ Phone: _____ Relation: _____

References:

Please list two persons we may contact who are not family members, and who have known you for at least one year. For example, you may include employers, teachers, religious leaders, or co-workers.

1. Name: _____ Relation: _____

Phone: _____ Email: _____

2. Name: _____ Relation: _____

Phone: _____ Email: _____

I hereby give my consent for the Brave Heart Volunteers to contact my references.

Signature of Applicant

Date

Thank you for completing this form and your interest in volunteering with us.

Next steps: If you want to serve as a visiting volunteer in private residences or the Pioneers Home, we ask that you also complete the background check online. All volunteers have an interview as part of the process. We will match you with a person, and/or your skills and wishes to the right “jobs.” Feel free to call 747-4600 or email Kathryn@Braveheartvolunteers with questions.