



DR. BARBARA SENIORS
HARKINS FOUNDATION

Volunteer Application Form

Please return completed forms to
info@barbaraseniorsharkinsfoundation.org.

Your information

First name	Last name
Preferred name	Date of birth
Phone	May we contact you during work hours? Y / N
Email	
Address	
How long have you lived in Dade County / Los Angeles County?	
Do you have a driver licence? Y / N	Do you have access to a car? Y / N
In case of emergency, contact:	

Please provide us with two references (non-relatives):

<u>Reference 1</u>	<u>Reference 2</u>
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Email	Email:

Your education and work experience

Present or last recent work / volunteer project:

Dates active
Organisation
Supervisor's name & contact
Job scope

List any other recent community activities, memberships in clubs, church, organisations:

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Please circle highest level of education completed:

High school: 9 10 11 12	College: 1 2 3 4
Graduate: 1 2 3 4	Major / degree:

Languages spoken:

Your application

Please select the program(s) you wish to volunteer for:

<input type="checkbox"/> Film Club	<input type="checkbox"/> Film Camp
<input type="checkbox"/> Film Workshops	<input type="checkbox"/> Acting Workshops
<input type="checkbox"/> Writing Workshops	<input type="checkbox"/> Photography Workshops
<input type="checkbox"/> Digital Photography Camp (online)	

Please tell us about any relevant educational background, work or volunteering experience:

Do you have any training or experience in any of the following?

<input type="checkbox"/> Youth / Teens	<input type="checkbox"/> Education
<input type="checkbox"/> Fundraising	<input type="checkbox"/> News Media
<input type="checkbox"/> Child Development	<input type="checkbox"/> Writing
<input type="checkbox"/> Child Care	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Art or Graphic
<input type="checkbox"/> Social Work	

If you answered yes above, please provide details:

Please tell us why do you want to volunteer with us:

Please tell us what you hope to gain from your experience with us:

When would you be available for to volunteer? Please specify days and times.
Approximately how much time can you contribute weekly to BSH?

How did you find out about us?

Is there anything you would like us to know?

Declaration

All BSH volunteers are required to undertake a national police check before starting their positions. By signing your name below you are consenting to have these security checks performed to support your application.

<input type="checkbox"/> I consent.	<input type="checkbox"/> I do not consent.
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I understand that I am required to participate in an interview, receive satisfactory checks, and successfully complete training prior to acceptance as a volunteer.

If successful, I agree to maintain the highest standards of confidentiality, with respect to any information obtained during the course of my volunteer work.

I declare that the information contained in this application is true and correct.

Full name (print)

Signature	Date
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