



BETTER TOMORROWS ADULT EDUCATION CENTER

VOLUNTEER APPLICATION

Date of Application: _____

Name:

(First, Middle Initial, Last)

Address:

City, State, Zip:

Phone #'s:

(circle the preferred contact #)

Home	
Work	
Cell	
Other: _____	

E-mail Address:

Date of Birth:

Employer:

Occupation:

Emergency Contact:

Name:

Relationship:

Address:

City, State, Zip:

Phone #'s:

(circle the preferred contact #)

Home	
Work	
Cell	
Other: _____	

E-mail Address:

How did you learn of Better Tomorrows?

Why are you interested in volunteering for Better Tomorrows?

Previous volunteer experience:

Educational Background:

Hobbies, Skills, Interests:

Occupational Background:

In what type of volunteer work are you interested? (check all that apply)

Yes		Yes	
Tutoring a GED class		Computer setup	
Teaching a computer skills class		Office work	
Tutoring a reading student		Where-ever I'm needed	
Fundraising		No preference	
Physical work (clean, repair, etc.)		Other: _____	
Research			

Is there any type of person you would feel uncomfortable to work with or any type of work you prefer not to do? If you circled Yes, please describe:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Availability:

Indicate all times you are available to volunteer:	9:30am to Noon	4:30pm to 7pm	List other times here:
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

How many hours would you like to volunteer per week?

<input type="checkbox"/> 1-4 Hrs.	<input type="checkbox"/> 4-8 Hrs.	<input type="checkbox"/> >8 Hrs.
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Have you ever been convicted of a felony?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please explain

Do you currently have any charges pending?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please explain

References:

Please provide the reference information of three (3) people you have known for at least one (1) year:

Reference 1

Name	
Address	
City, State ZIP	
Phone #:	
E-mail Address:	
Occupation:	
Relationship:	
How long have you known this reference?	

Reference 2

Name	
Address	
City, State ZIP	
Phone #:	
E-mail Address:	
Occupation:	

Relationship:	
How long have you known this reference?	

Reference 3

Name	
Address	
City, State ZIP	
Phone #:	
E-mail Address:	
Occupation:	
Relationship:	
How long have you known this reference?	

Do you have any medical conditions of which we should be aware? If you circled Yes, please describe:	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		

I hereby declare that all the information I have given on this application is accurate. I understand that Better Tomorrows may be contacting the personal references above. I also understand that Better Tomorrows only provides liability insurance for volunteers. Better Tomorrows does not provide worker's comp for volunteers. Volunteers must secure insurance for any medical/accidental claims.

Signed: _____

Date: _____