



# VOLUNTEER APPLICATION

Please complete the entire application and return to BVA.

Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-Mail: \_\_\_\_\_

Best Times to reach you? \_\_\_\_\_

How did you learn about the BVA's Volunteer Program?  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Background: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check any of the volunteer opportunities that would interest you:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Education                              | <input type="checkbox"/> Facilities       | <input type="checkbox"/> Fundraising/Membership Development |
| <input type="checkbox"/> General Office<br>(mailings, computer) | <input type="checkbox"/> Maintenance      | <input type="checkbox"/> Property                           |
| <input type="checkbox"/> Special Events                         | <input type="checkbox"/> Vegetable Garden | <input type="checkbox"/> Watershed Programs                 |

Other Interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which of the following is of interest to you?

and or volunteering on a (choose below) basis

- volunteering for on day special events
- helping to plan special events

Daily	Weekly	Monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe any physical limitations or medical conditions of which we should be aware.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be interested in serving as a BVA Volunteer Coordinator?  Yes  No  Maybe