



Volunteer Application

PLEASE PRINT

First Name _____ M.I. _____ Last Name _____

Address _____ City/State/Zip _____

Phone _____ Social Security # _____

Email _____ Date of Birth _____

Other Name(s) You Go By _____ Desired Role _____

Personal Information

Gender: _____ Male _____ Female

BTG Central AR does not discriminate on the bases of race, color, national origin, age, disability, sex, gender identity, religion, marital status, familial or parental status, or sexual orientation.

Physical Limitations: _____ Yes _____ No (Please Explain) _____

Education (Highest Level Completed)

_____ (K-8) _____ High School _____ Some College _____ Bachelors _____ Masters or above _____ Technical/Vocational

Please List Your Previous Volunteer Experience

What Skills Do You Possess That You Feel Will Benefit Our Organization?

LANGUAGES SPOKEN

1 _____ 2 _____ 3 _____



VOLUNTEER AVAILABILITY (Circle all applicable)

Hours per Month _____

Days of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday All

Do you have a driver's license? ___ Yes ___ No Do you have car insurance? ___ Yes ___ No

Do You Have Reliable Transportation? ___ Yes ___ No

Have You Ever Been Convicted of a Crime or Have Any Pending Charges? ___ Yes ___ No

If YES, please explain. Conviction of a crime is not an automatic disqualification for volunteer work.

REFERENCES

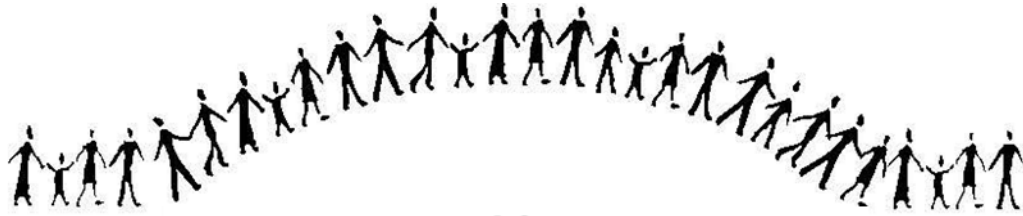
Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

| Name/Organization | Relationship to you | Length of relationship | Phone number |
|-------------------|---------------------|------------------------|--------------|
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PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION.

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with BTG Central AR that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by BTG Central AR. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with BTG Central AR or my termination as a volunteer.

Signature _____ Date _____



BRIDGING the GAP

CENTRAL ARKANSAS

IN AN EMERGENCY, PLEASE NOTIFY

First Name _____ Last Name _____

Relationship to You: _____

Address _____

City/State/Zip _____ Phone _____

Send Application To:

BRIDGING THE GAP OF CENTRAL ARKANSAS

P O BOX 75 MABELVALE, AR 72103

Email: INFO@BTGCENTRALAR.COM

BTG Central AR Business Only

Date Received: _____ Date References Checked: _____

Date Interview Scheduled: _____ Actual: _____

Date Resume Received: _____ Decision: _____

Signature of Board Member: _____

Signature of Volunteer Coordinator _____