

BRAVO PROGRAMS OF AMERICA

Serving aged out foster youth ages 18-24



Volunteer Application

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thanks you for your interest in Bravo Programs of America.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

Are you affiliated with any other non-profit? Yes _____ No _____ If so, please

Explain: _____

Any special skills or talents you have that you feel would benefit our Organization?

_____ Public Speaking

_____ Events

_____ Fundraising

_____ Pick-ups or deliveries

_____ Communication/IT

_____ Career Path counseling

_____ Marketing

Please indicate the days and hours you would be available: _____

Emergency Contact: _____ Phone: _____

As a volunteer for Bravo I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that Bravo and it's affiliates cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for Bravo. I agree that all I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: _____

Date: _____