



VOLUNTEER INFORMATION

AGE RANGE (CIRCLE)

NAME: _____

< 18

18-65

> 65

MAILING ADDRESS

Number

Street

Town

Postal Code

ALTERNATE ADDRESS

Number

Street

Town

Postal Code

CONTACT:

Phone #

Cell #

Email Address

PRONOUNS

He/Him

She/Her

They/Them

Other _____

Do you have any physical restrictions, such as difficulty walking, standing, lifting, working outdoors. If yes, please explain below

No

Yes

Do you require the use of assistive devices, such as a cane, walker?

No

Yes

Do you have any allergies that may require emergency first aid?

No

Yes

Are you comfortable working with children?

No

Yes

When are you available to volunteer?

Circle Months

Circle Days

Any Month

Any Day

J F M A M J J A S O N D

S M T W T F S

What are your interests, skills, and how would you like to volunteer? Circle items from the list below, or enter other information on the lines below.

- Food Prep/Handling
- Office Work / Data Entry
- Marketing / Communications
- Ticket Sales
- Gardening / Outdoor Work
- Youth Activities
- IT Support / Web Support
- Board / Committee Member
- Fundraising / Proposal Writing
- Cash Handling
- Theatre Support (acting, sets)
- Sewing / Crafting
- Music and Entertainment
- Training/Education

Help at Events: setup/takedown, admissions, parking, greeter



VOLUNTEER INFORMATION

Please list any up to date certifications you have, such as Smart Serve, Food Handlers, First Aid, CPR, etc., or certifications you would like to obtain to apply to Volunteering.

Thank you for taking the time to volunteer. Volunteers are what make the BCC BUZZZ!



Office Use Only:

Date: _____

Entered By: _____