



Bethany Volunteer Application

201 South University Drive, Fargo, ND 58103
(701) 239-3246

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____(home) _____(cell) _____(work)

E-Mail Address: _____ Date of Birth (optional): _____

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____(home) _____(cell) _____(work)

How did you hear about our volunteer program?

___ Community of Faith ___ Advertisement ___ Agency Fair ___ Brochure ___ Employer
___ Friend/family ___ Teacher/Professor ___ Radio/T.V. ___ Internet ___ Other: _____

Have you ever served as a volunteer at Bethany before? ___ No ___ Yes

Do you know someone from Bethany? ___ No ___ Yes

If yes, are they a: ___ Volunteer ___ Staff ___ Resident Name: _____

Preferences and Interests:

Availability: ___ Year Round ___ Summer Only ___ Winter Only ___ Other: _____

Do you prefer: ___ Working with residents ___ Office work ___ Working with pets
___ Other: _____ ___ No preference

What are some of your interests/hobbies/skills? _____

Prior Volunteer Experience:

Agency: _____ Phone: _____ Dates: _____ Duties: _____

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May we contact these agencies as a reference? ___ Yes ___ No

Personal or Professional References:

1. _____
(Name & Occupation) (Phone) (Address)

2. _____
(Name & Occupation) (Phone) (Address)

Have you ever been convicted of a crime other than a minor traffic violation? ___ Yes ___ No

If yes, please explain the nature of the offense. _____

**I certify that the statements made in this volunteer application are true and correct.
I understand that I will not be paid for my services, as this is strictly volunteer work.**

Signature: _____ Date: _____

Office Use Only
Interview Date: _____
Gen. Orientation: _____
Pos. Orientation: _____