

Bea's Kids Volunteer Registration Form

Application Date:

Legal Name: _____ Birth Date (required):

Address: _____

Phone #: home: _____ work: _____ cell: _____

Email address: _____

Company or School: _____ Club or organization: _____

Are you fluent in any language besides English? If yes, what: _____

Availability: (please check days, indicate times and choose a.m. or p.m.)

- | | | | | | |
|-------------------------------------|-------------|----------------------|----------|----------------------|---|
| <input type="checkbox"/> Mondays | (from _____ | <input type="text"/> | to _____ | <input type="text"/> |) |
| <input type="checkbox"/> Tuesdays | (from _____ | <input type="text"/> | to _____ | <input type="text"/> |) |
| <input type="checkbox"/> Wednesdays | (from _____ | <input type="text"/> | to _____ | <input type="text"/> |) |
| <input type="checkbox"/> Thursdays | (from _____ | <input type="text"/> | to _____ | <input type="text"/> |) |
| <input type="checkbox"/> Fridays | (from _____ | <input type="text"/> | to _____ | <input type="text"/> |) |
| <input type="checkbox"/> Weekends | (from _____ | <input type="text"/> | to _____ | <input type="text"/> |) |

Frequency (check one): If other, describe: _____

Areas of Interest: (check as many that apply):

- | | |
|---|---|
| <input type="checkbox"/> After School tutoring | <input type="checkbox"/> Special Events (i.e. fundraising gala) |
| <input type="checkbox"/> Office/administrative support | <input type="checkbox"/> Party Planning |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Adult Supervision |
| <input type="checkbox"/> Bulk Mailings | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Decorating | <input type="checkbox"/> Summer Camp |
| <input type="checkbox"/> Holiday Food Distribution | <input type="checkbox"/> ESL classes (for parents) |
| <input type="checkbox"/> Information sessions (covering topics such as hygiene, peer pressure, parents, etc.) | |
| <input type="checkbox"/> Special programs (such as counseling, scouts, self-esteem, Big Brother/Big Sisters, computer training) | |
| <input type="checkbox"/> Other: _____ | |

Location Preference: Carrollton Farmers Branch North Dallas Dallas No preference

Special training, skills, hobbies:

Please describe your previous volunteer experience:

Why do you want to volunteer with Bea's Kids and what age group would you like to work with?

Personal References (outside of your family)

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>	<u>Email</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____