

Building Abundant Life Mission Inc., (BALM) Volunteer Application Form

Please note volunteers must be at least 17 years of age.

We appreciate you taking the time to fill out this application. The information you provide will assist us in placing you in an appropriate volunteer opportunity that will match your skills and interests.

PLEASE PRINT CLEARLY. Thank you.

General Information

Name: _____
(Last) (First) Middle Initial

Mailing Address: _____
House # & Street Name Apt State Zip Code

Telephone: Home: _____ Best time to call: _____

Work: _____ Fax: _____

Cell: _____ Email: _____

Emergency contact: _____ Phone: _____

Any Previous Volunteer Experience No Yes If yes, Please provide details:

How did you become interested in BALM and what prompted you to become involved as a volunteer?

When are you available to volunteer?

Weekdays Weekends Mornings Afternoons Evenings

Are you willing to receive/make calls on/from your home phone? No Yes

If Yes, Provide Tel #: *Balm will contact you for available periods

Your experience (work/school/volunteer) related to organizational, individual and group development activities:

Are you willing to volunteer a minimum of 50 hours after completing our training? No Yes

Have you experienced a traumatic personal incident during the past five years? No Yes

If yes, please state briefly:

Do you have any prior criminal convictions or offenses? No Yes

If yes, please provide details:

Skills and Abilities

Please indicate which skills and abilities you would be interested in sharing with us:

- Advertising
- Career advice
- College guidance
- Computer skills
- Data entry (Microsoft Suite/Other)
- Decorating
- Driving: I have a valid NYC driver's license
- Editorial/Writing
- Employment coaching
- Internet research
- Marketing & Public Relations
- Proposal writing
- Public speaking
- Publishing, newsletters, posters, etc.
- Religious Knowledge
- Skills training development
- Website development & maintenance
- Other (please specify):

Areas of Interest

If possible, please indicate which opportunities you are most interested in:

Direct - Client Support Services

- Answer and facilitate appropriate support for incoming callers
- Community outreach initiatives
- Facilitating support for groups and individuals (organizations, students/adults)
- Facilitate social work or counselling initiatives (social work experience required)
- Create and execute business plans within development support framework
- Grant writing
- Business Incorporation
- Facilitate strategies for persons interested in academic and skills training development

Indirect – Society Support Services

- Administrative & Clerical support
- Public education and promotions
- Community outreach and support initiatives

Other Areas:

References

Please provide two references. One may be a personal or social reference (**no family members**).

1) Name: _____ Relationship: _____

Mailing address (please include Zip code): _____

Daytime telephone number: _____

2) Name: _____ Relationship: _____

Mailing address (please include Zip code): _____

Daytime telephone number: _____

Your signature gives BALM HR Official permission to contact your references.

Signature Date

I hereby authorize the Organization to contact the above named reference to establish my suitability as a volunteer and I hereby release them and their company from all liability for any damage for issuing the same. I further authorize the human resources (HR) department to maintain this information in their records and absolve them from liability. Disclaimer: It is the policy of the Organization to screen all prospective volunteers. While we try to place every applicant, we reserve the right to select applicants according to our needs and criteria.

I understand and respect the confidential nature of the information I might have access to in performing my volunteer duties for the Organization.

Sharing Personal Information

I authorize the Organization to publish my name in BALM's:

Annual Report: No Yes

Website publications: No Yes

Affiliated service organizations: No Yes

Signature of Applicant _____ Date _____

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| <p>Parental Consent (for those under 18 years of age)</p> <p>I give my consent to work as a volunteer at the above organization.</p> <p>Print Parent's Full Name: _____</p> <p>Parent's Signature _____ Date _____</p> |
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Remember to print or save completed form for your records before submitting.

Email completed form to admin@balmfrall.org or Fax to: (631) 225-3193 or Mail to: ATTN: BALMHR, P.O. Box 718, Lindenhurst, NY 11757-0718