

VOLUNTEER APPLICATION FORM

Bethany House of Northern Virginia, Inc.
6121 Lincolnia Rd., Ste 303 † Alexandria, VA 22312
Phone 703-658-9500 † Fax 703-658-9522 † www.bhnv.org

I. CONTACT INFORMATION

First Name		Last Name	
Street Address			
City	State	Zip Code	Birth date / /
Home Phone	Cell Phone	Email Address	

II. ADDITIONAL INFORMATION

Emergency contact person	Relationship	Emergency Contact Phone
--------------------------	--------------	-------------------------

Work Status Employed Not employed Retired

Employer name (if applicable)

Education Some high school High school graduate Attended college
 College graduate Master degree Doctorate degree

Degree/Profession

Community Affiliations (Clubs, Service organizations)	
What other languages do you speak?	

III. EXPERIENCE

Previous Volunteer Experience	Agency/Organization	Volunteer Work Performed

IV. AVAILABILITY

What is your expected length of commitment?	<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Special Project <input type="checkbox"/> Not sure		
When are you able to work (days & times)?			
What are your goals for volunteering at Bethany House?			
What skills can you bring to our program?			
What are your areas of interest?	Opportunity	Description	Commitment
	<input type="checkbox"/> Seasonal Volunteer	Help plan and execute various special events throughout the year for our clients.	Varies
	<input type="checkbox"/> Finance Advisor	Help a client develop basic budgeting and finance skills.	6 hours a month
	<input type="checkbox"/> Children's Life Skills	Provide childcare and key social skills to children while mothers receive training on Thursday nights.	2 hours a week
	<input type="checkbox"/> Development & Communication Assistant	Take an active role in both raising funds and awareness. Also help keep up BHN's social media.	3-15 hours a week
	<input type="checkbox"/> Other (please list):		
How did you learn about Bethany House?	<input type="checkbox"/> Family/Friend <input type="checkbox"/> Another Volunteer <input type="checkbox"/> Other: <input type="checkbox"/> School counselor, doctor, Social worker		
Anything else? Provide any additional information to help in volunteer placement.			

Signature: _____ Date: _____