



Blossom Volunteer Application

Name _____

Address _____

Phone _____ E-Mail _____ Date of Birth: ___/___/___

Emergency Contact: Name: _____

Relationship: _____ Phone: _____

Do you:

Have personal transportation? ___ Yes ___ No

Have you had a valid Driver's License for at least 3 years? ___ Yes ___ No

Driver's License Number: _____ State of issue ___ Expires _____

Automobile Insurance Carrier: _____

Automobile Insurance Policy Number: _____ Renewal date _____

What experience have you had working with foster youth or other at-risk youth? _____

What training have you had for working with youth who have experienced trauma or come from hard places?

Can you pass a background check? Y N If no, please explain.

Have you ever been convicted of a felony or a misdemeanor? Y N If yes, please explain.

Please describe your experience as a volunteer: (please include names of groups or agencies and the names of any people to whom you were responsible, such as the volunteer coordinator, etc.)

Describe your employment experience. Please include tasks and accomplishments you believe will add to your success as a volunteer.

Are you a member of any service/community organizations? (Rotary, Soroptimists, etc.) If yes, please list them and any offices you may have held and/or committees on which you may have served.

What is your availability? _____

I would like to: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Be a mentor | <input type="checkbox"/> Assist with menu planning, grocery shopping |
| <input type="checkbox"/> Organize donations | <input type="checkbox"/> Assist with resumes and job hunting |
| <input type="checkbox"/> Provide transportation | <input type="checkbox"/> Share time management skills |
| <input type="checkbox"/> Coordinate birthday/graduation celebrations | <input type="checkbox"/> Do a workshop on _____ |
| <input type="checkbox"/> Provide child care | <input type="checkbox"/> Help with fundraising efforts |
| <input type="checkbox"/> Help a youth learn to drive | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Organize social activities/recreation
(game night, crafts, hike, etc) | |

Email completed form to info@BlossomPlace.org.

Thank you!!!