



COMMUNITY SERVICE / VOLUNTEER APPLICATION

First Name	Last Name	Date of Birth		
Address		City	State	Zip
Telephone Number		Email Address		

IN CASE OF EMERGENCY PLEASE CONTACT

First Name	Last Name	Relationship
Telephone Number		Address

How many hours do you wish to fulfill at Bethany House? _____

What days of the week and times are you available to work?

Monday	From		am/pm	to		am/pm
Tuesday	From		am/pm	to		am/pm
Wednesday	From		am/pm	to		am/pm
Thursday	From		am/pm	to		am/pm
Friday	From		am/pm	to		am/pm
Saturday	From		am/pm	to		am/pm

I have read, understand, and agree to the policies and procedures of Bethany House as specifically outlined in the volunteer information packet. I further understand that Bethany House reserves the right to discontinue the volunteer/community service relationship at any time.

Signature of Applicant	Date
Signature of Parent/Guardian if under 18	Date

FOR OFFICE USE ONLY	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
Operations Signature	Date	
Assignment	Notification (Date and Staff Initials)	