



VOLUNTEER APPLICATION

Full Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____ Driver's License #: _____

Social Security Number: _____

Please circle days you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please Initial:

_____ I have read and agree to support Bethel's mission, vision, and core values.

_____ I commit to be present when I am scheduled and notify the executive director or program coordinator if I am unable.

_____ I am willing to participate in training to help me work with youth and families.

_____ I agree NOT to hold Bethel, its employees, or it's volunteers responsible for any incidents or injuries which may happen while performing volunteer services for Bethel Community Center.

_____ I understand by participating as a volunteer, my picture, video or other likeness May be taken and used in Bethel Community Center publications.

_____ I give my consent to a background check.

Signature: _____ Date: _____