

# VOLUNTEER APPLICATION

Date: \_\_\_\_\_ Branch: \_\_\_\_\_ Volunteer Position: \_\_\_\_\_  
1<sup>st</sup> Choice 2<sup>nd</sup> Choice:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_  
(optional)

Address: \_\_\_\_\_  
Street City Zip

Husband's Name \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages \_\_\_\_\_  
(if applicable)

Religion or Church Affiliation: (not required) \_\_\_\_\_

Education: High School? \_\_\_\_\_ College Degrees or Vocational training: \_\_\_\_\_

Please list all job experience (including volunteer activities) and describe responsibilities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Personal References: (1) A close family member; & (2) *Preferably* someone with Birthright or your pastor:

Name	Address	Phone #
_____	_____	_____
_____	_____	_____

Business/Professional Reference (if applicable):

Name	Address	Phone #
_____	_____	_____

How many hours per week are you available for volunteer work? \_\_\_\_\_ (Minimum 3½ hours)

Which day(s) of the week are you available to volunteer? \_\_\_\_\_

How did you become aware of Birthright? \_\_\_\_\_

Why are you interested in being a Birthright volunteer? \_\_\_\_\_

How does your family view your desire to do volunteer work at Birthright? \_\_\_\_\_

PLEASE RETURN THIS FORM TO: Katherine Auble, Executive Director  
Birthright Counseling, St. Louis  
2525 South Brentwood Blvd., St. Louis, MO 63144.