Volunteer Application

**Lady Butterflies \*\*\* www.ladybutterflies.org**



 ***Please type or print clearly. All information will be treated confidentially.***

 ***Please answer all questions as completely as possible.***

Personal Information

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **State** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **County**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone**(\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Cell Phone** (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age**: **Employed:**

 13 – 20 years 21and over Yes No

 If Yes, Full or Part time\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:**

Highest Grade Completed: K 1 2 3 4 5 6 7 8 9 10 11 12 Associate Bachelor Master Ph.D. Other

Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Course of Study/Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area(s) of Interest

|  |  |
| --- | --- |
|  | Fundraising / Event Team |
|  | General Office Support (Filing, Answering Phones, Returning Calls/Emails/Faxes, etc…) |
|  | Staff Display or Info Booth at various community events |
|  | Marketing & Public Relations (Branding, Logo’s, Media Messages, Webinars, etc….) |
|  | Marketing Materials: Flyers, Brochures, Catalogs, InfoGraphics, Business Cards, PostCards, etc….. |
|  | Website: Design/Development and/or Maintenance & Upkeep |
|  | OTHER: Please indicate how you want to help us |

Availability

**Please indicate day and times available to volunteer:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Times |  |  |  |  |  |  |  |

County of interest: \_\_\_\_Clayton \_\_\_\_DeKalb \_\_\_\_Fulton \_\_\_\_Gwinnett

Time Commitment:\_\_\_\_One-Time Project \_\_\_\_\_3-Months \_\_\_\_\_6-Months \_\_\_\_\_1year

Previous Volunteer Experience

 **Organization Dates of Service Services Performed**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

Audio, Video, & Photo Consent

I grant full permission to Lady Butterflies to use my audio, video, or photos in this volunteer service for use in any broadcast, telecast, or any other written account of the event for publicity purposes, without compensation or remuneration. Yes No

Declaration of Criminal History

**All volunteers must complete background check and/or police record check**

Agreement and Signature

Have you ever been convicted of a felony, or, within last 7 years, convicted of a misdemeanor that resulted in imprisonment? Yes No

References

Please list (3) three professional references – do not list relatives.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Address or Email** | **# of years Known** | **Relationship to you** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Licenses (Any Special License – Not Driver’s License)

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **State** | **Number** | **Expiration Date** |
|  |  |  |  |

Agreement and Signature

It is Lady Butterflies policy to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. By signing this Volunteer Application, You certify that the information provided is true, correct, and complete to the best of your knowledge. You give consent for Lady Butterflies to verify all information contained on this Volunteer Application as may be necessary regarding your volunteer services. You understand and agree that a background and/or police record check may be conducted before placement in any volunteer position. You release Lady Butterflies from any and all liability which might result from information obtained. You understand that your acceptance of a volunteer position with Lady Butterflies is on a conditional basis and that we reserve the right to terminate immediately with or without notice the volunteer service of any volunteer whose conduct, statements or performance in any way reflects negatively upon Lady Butterflies. You understand that there is no salary or other compensation for your services as a volunteer.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Executive Director

**Return to: \*\*\* Email: LB\_Personnel@yahoo.com**