



Bead for Life
 ERADICATING POVERTY
 ONE BEAD AT A TIME®

BFL Volunteer Application

Created 06/07/2010

Date: _____

PERSONAL INFORMATION:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Birthday: _____ month/day

Do you have a valid driver's license: Yes No

Driver's License Number: _____ State Licensed in: _____

Do you feel comfortable driving as a volunteer for BFL? Yes No

What do you know about BFL? _____

What do you know about extreme poverty? _____

SKILLS/INTERESTS:

Check all that apply as either a skill or an interest:

- | Skill | Interest | | Skill | Interest | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Organizational skills | <input type="checkbox"/> | <input type="checkbox"/> | Customer Service skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Filing skills | <input type="checkbox"/> | <input type="checkbox"/> | Cash Register skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Phone skills | <input type="checkbox"/> | <input type="checkbox"/> | Internet fluent |
| <input type="checkbox"/> | <input type="checkbox"/> | Counting skills | <input type="checkbox"/> | <input type="checkbox"/> | Shipping skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Writing skills | <input type="checkbox"/> | <input type="checkbox"/> | Data Analysis skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Computer skills (MSWord, Excel, Customer Databases) | | | |

Additional Skills:

Additional Interests:

PERSONAL ABILITIES:

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Outgoing/personable | <input type="checkbox"/> Can stand for long periods |
| <input type="checkbox"/> Adaptable | <input type="checkbox"/> Task-oriented |
| <input type="checkbox"/> Neat & concise | <input type="checkbox"/> Work independently |
| <input type="checkbox"/> Can sit for long periods | <input type="checkbox"/> Can lift one to five pounds (occasionally up to 40-50 pounds) |
| <input type="checkbox"/> Attention to detail | |

Additional Personal Abilities:

VOLUNTEER OPPORTUNITIES:

Please check any or all departments of interest:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Order Fulfillment:
Count returned products
Re-stock shelves
Addressing/shipping orders
Bundle BFL magnets/postcards | <input type="checkbox"/> BFL Retail Studio:
Greet/help customers
Ring up sales
Re-stock product
Take phone orders | <input type="checkbox"/> BFL Office:
Shred documents
File documents
Copy documents | <input type="checkbox"/> BeadParties:
Welcome hosts
Extend party dates
Thank party hosts
Answer host questions |
|
 | | | |
| <input type="checkbox"/> Community Events:
Set up/take down BFL displays
Share BFL story
Sell BFL products
Answer questions | | | |

VOLUNTEER AVAILABILITY:

Expected length of Commitment:

- Short Term (3 months) Intermediate (6 to 9 months) Long Term (1 year +)

Volunteer Availability: (Please mark all days/times you are available to volunteer.)

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
10-12:00pm							
11-1:00pm							
12-2:00pm							
1-3:00pm							
2-4:00pm							

(Hours for Staffing Events will vary.)

Would you be interested in volunteering at different community events held throughout the year? Yes No

Would you be willing to volunteer more hours during media hits or busy times? Yes No

Have you been a volunteer before? Yes No

If yes, please explain all previous/current volunteer experience: _____

What are your expectations as a volunteer at BFL?

PERSONAL REFERENCES:

(Please list two references and provide their contact information.)

Reference#1:

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____

Email: _____

Relationship: _____

Reference #2:

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____

Email: _____

Relationship: _____

Have you ever been convicted of any law violation? Yes No
Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.)

If yes, please explain: _____

(Note: A conviction will not necessarily preclude you from being considered for volunteer service.)

EMERGENCY CONTACT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Relationship: _____

How did you hear about volunteering at BFL?

BFL PRIVACY POLICY AND WAIVER LIABILITY:

I certify that all information in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

I understand that BeadforLife requires information from me to evaluate my qualifications for volunteer service. I also understand the minimum volunteer commitment is 2 hrs. per week for a period of three months and I will not be paid for my volunteer service. I authorize and release personal references, and, if necessary, other applicable entities to answer questions in regards to volunteer work, ability, character, medical and emotional background and, if applicable, driving history. I also authorize that any photographs taken of me while volunteering for BeadforLife can be used by them for publicity purposes.

I am aware that participation as a volunteer may require periods of standing, bending and reaching and frequent lifting of one to five pounds (occasionally up to 40-50 pounds) and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.

I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY BEADFORLIFE'S WORKERS' COMPENSATION PROGRAM. I authorize BeadforLife to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.

I understand that the materials and tools provided by BeadforLife are and remain the property of BeadforLife, and I agree to return these tools and any remaining materials to BeadforLife at the end of my volunteer service.

I understand that BeadforLife (and its employees, officers, volunteers, contractors and board members) shall not be liable or responsible to the Volunteer or any other person for any damages or injuries whatsoever suffered by the Volunteer in connection with any work or other activities performed; furthermore, any damages caused by the Volunteer shall expressly indemnify and hold harmless and defend BeadforLife (and its employees, officers, volunteers, contractors and board members) from and against any and all resulting claims, actions or damages of whatever nature.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Applicant Signature: _____

Date: _____

Parent/Guardian Signature (if under 21 years Old): _____