

## Volunteer Application

Contact Information	
Name:	
Street Address:	
City, State, Zip Code:	
Home Phone:	
Mobile Phone:	
Email Address:	

About you	
Gender:	Male ( ) Female ( )
Date of Birth:	
Employer:	
School of Attendance:	
Major:	
GPA:	

Availability						
During which days and hours are you available for volunteer assignments?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

I would like to be considered for the following volunteer opportunities (you may select more than one):
<input type="checkbox"/> Special Events <input type="checkbox"/> Office Help <input type="checkbox"/> Fundraisers <input type="checkbox"/> Research <input type="checkbox"/> Program Development <input type="checkbox"/> Tech Support <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Other _____

Please answer the following questions
Why are you interested in volunteering with Bosana Foundation?
How did you hear about Bosana Foundation? ( ) Word of Mouth ( ) Newsletter ( ) Bosana event ( ) Other _____

Please list any languages that you speak, read and/or write fluently, in addition to English

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Application Received \_\_\_\_\_ Contacted \_\_\_\_\_  
 Orientation \_\_\_\_\_

Previous Volunteer Experience
Summarize your previous volunteer experience.

Person to Notify in Case of Emergency
Name
Street Address
City, State ZIP Code
Home Phone
Work Phone
E-Mail Address

Have you ever been charged with or convicted of the following: (please circle yes or no)
a) Felony?                      Yes No
b) Any crime involving a sex offense, an assault or the use of a weapon?                      Yes No
c) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes?                      Yes No
d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger?                      Yes No
If you answered Yes to any of the above four items, please explain. _____

Agreement and Signature
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.
Individuals who volunteer with Bosana Foundation and its activities do so of their own free will and at their own risk. Volunteers acknowledge that they are assuming all risks associated with volunteer service, including risk of injury. In the event of personal injury, volunteers would be responsible for the full expense of any medical care or attention as well as other harm or expenses arising out of such injury.
Any volunteer under 16 years of age must have permission of and must be accompanied by a legal guardian.
Name (printed)
Signature
Date
Guardian (if under 16 years )
Signature
Date

Our Policy
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Thank you for completing this application form and for your interest in volunteering with us.**

**Please Email or mail your completed application to:**  
**Bosana Foundation**  
**1059 S. Sycamore Avenue, LA, CA, 90019**  
[contact@bosanafoundation.org](mailto:contact@bosanafoundation.org)

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 Orientation \_\_\_\_\_