

## **VOLUNTEER APPLICATION FORM**

**Bethany House of Northern VA, Inc.**

[www.bhmv.org](http://www.bhmv.org)

**6121 Lincolnia Rd. Suite 303**

**Alexandria, VA 22312**

**Phone 703-658-9500**

**Fax 703-658-9522**



### ***I. Contact Information***

First Name

Last Name

Mailing Address

City

County

State

Zip code

Home phone

Mobile phone

Email address

### ***II. Additional Information***

Emergency contact person

Relationship

Emergency contact phone

Work status

Employed

Not employed

Retired

Employer name (if applicable)

Education

Some high school

High school graduate

Attended college

College graduate

Master degree

Doctorate degree

Degree/Profession

Community Affiliations  
(Clubs, Service organizations)

What other languages do you speak?

### ***III. Experience***

Previous Volunteer Experience

Agency/Organization

Volunteer work performed

#### IV. Availability

|   |   |   |   |
|---|---|---|---|
| What is your expected length of commitment  | <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Special Project<br><input type="checkbox"/> Not sure                                     |   |   |
| When are you able to work (days and times)  |   |   |   |
| What are your goals for volunteering in BH  |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| What skills can you bring to our program?   |   |   |   |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| What are your areas of interest?  | <b>Opportunity</b>  | <b>Description</b>  | <b>Commitment</b>   |
|   | <input type="checkbox"/> Helpline Volunteer   | Answer helpline calls and provide referrals, collect caller information and initially screen clients for BHNV Shelter Program   | 6-8 hrs a week. Must have availability during regular business hours (9-5:30pm) |
|   | <input type="checkbox"/> Individual Life Skills Coach   | One-on-one mentor for a client in the Shelter Program on parenting, legal advice, debt management, self-esteem, nutrition, etc. | Once a week for 8 weeks TBD between client & coach                              |
|   | <input type="checkbox"/> Childcare (direct service with shelter clients)  | Every Thursday night. Group includes children of all ages pending background check clearance.                                   | 3 hrs. per week.  |
|   | <input type="checkbox"/> BHNV Office Support  | Help BHNV staff with daily tasks such as organizing shelter pantry, answering phones, data entry and help with special events.  | Must have availability during regular business hours (9-5:30pm)                 |
|   | <input type="checkbox"/> Development Committee  | Join a committee of peers in planning and implementing fundraising initiatives for BHNV.  | As needed   |
| How did you learn about BHNV?   | <input type="checkbox"/> Family/Friend <input type="checkbox"/> Another Volunteer <input type="checkbox"/> Other:<br><input type="checkbox"/> School counselor, doctor, Social worker |   |   |
| Anything else? Provide any additional information that might help us place you in an assignment |   |   |   |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

