



## VOLUNTEER APPLICATION

Thank you for applying to volunteer! Please fill in the following information:

<b>First Name</b>		<b>Last Name</b>	
<b>Address</b>			
			Apt #
<b>City</b>		<b>State</b>	<b>Zip Code</b>
<input type="checkbox"/> <b>Home Phone</b>	<input type="checkbox"/> <b>Cell Phone</b>	<input type="checkbox"/> <b>Work Phone</b>	
(please check preferred number)			
E-mail		Birth date	
		Are you 21 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a burn survivor? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when were you burned?			

Your Current Occupation/Title	Employer

### Volunteer Preferences

This information is used to find the best volunteer opportunities for you. While we may not always be able to fulfill requests, we try our best to accommodate them.

Please mark the areas for which you are interested in volunteering. Check all that apply:	
<input type="checkbox"/> <b>Direct Service*</b> : Camp counselor, event organizer, support groups, etc.	
<input type="checkbox"/> <b>Education</b> : Health fairs, tabling events, presentations, Firefighters in Safety Education, etc.	
<input type="checkbox"/> <b>Development/Fundraising</b> : Events, check acceptance, speaking, representation, etc.	
<input type="checkbox"/> <b>Administrative</b> : Office support	
<input type="checkbox"/> <b>Board of Directors</b>	
OTHER:	
* People under 21 may not volunteer for direct service. Other opportunities will be determined on a case by case basis.	
<b>Preferred Days and Times to Volunteer</b> (check all that apply):	
<input type="checkbox"/> Mondays:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
<input type="checkbox"/> Tuesdays:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
<input type="checkbox"/> Wednesdays:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
<input type="checkbox"/> Thursdays:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
<input type="checkbox"/> Fridays:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
<input type="checkbox"/> Weekends:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Do you have your own transportation?	How many miles are you willing to drive?
<input type="checkbox"/> Yes <input type="checkbox"/> No	



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**Please answer a few questions so we can get to know you better:**

<p>Please describe any background or skills that you have in the areas of interest that you checked on the previous page. For example, if you checked "Direct Service," please describe any background you have in working with children, organizing events, providing peer support at support groups, etc. Please also provide us a related reference in the "Reference" section below.</p>
<p>Do you have any licenses or certifications that might assist you in the work that you would like to do with us? Example: lifeguard certification, MFT, first aid/CPR, etc.</p>
<p>Are you fluent in any <b>languages</b> other than English? If so, please list them below.</p>
<p>How did you hear about the Alisa Ann Ruch Burn Foundation?</p>
<p>Please briefly describe what made you want to get involved with AARBF?</p>
<p>If you have done <b>other volunteer work</b> before or are currently volunteering for another organization, please list these positions and organization names. Also, please list a related <b>reference</b> in the reference section below.</p>

**Please list three references from professional or volunteer-related sources.**

Name	Relationship	Telephone and/or E-Mail



**VOLUNTEER APPLICATION**

By signing below, you are certifying that the information you have provided is true and accurate to the best of your knowledge. You also understand that some volunteer positions are contingent upon a background check and/or completion of an AARBF-sponsored half-day training.

<b>Signature</b>	<b>Date</b>
<i>FOR OFFICE USE ONLY</i>	
<i>Reviewed by:</i>	<i>Date</i>
<i>Training completed:</i>	<i>Live Scan Received?</i> <input type="checkbox"/> <i>Date:</i>

The Alisa Ann Ruch Burn Foundation does not provide professional referrals.

*Dedicated to Enhancing the Quality of Life for Burn Survivors and Promoting Burn Prevention*

Corporate Office: 50 N. Hill Avenue, Suite 305, Pasadena, CA 91106 • 818-848-0223 • 800-242-BURN • Fax 818-848-0296

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