

VOLUNTEER APPLICATION

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

First Name	Last Name	
Address	Apt#	
City	State Zip Code	
☐Home Phone ☐Ce	ell Phone Work Phone	
(please check preferred number)		
E-mail	Birth date	
	Are you 21 or older? Yes No	
Are you a burn survivor? No Yes If ye	es, 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:		
Direct Service*: Camp counselor, event or	ganizer, support groups, etc.	
Education: Health fairs, tabling events, pre	sentations, Firefighters in Safety Education, etc.	
Development/Fundraising: Events, check	acceptance, speaking, representation, etc.	
Administrative: Office support		
☐ Board of Directors		
OTHER:		
* People under 21 may not volunteer for direct service. Other opportunities will be determined on a case by case basis.		
Preferred Days and Times to Volunteer (check all that apply):		
Mondays: Morning Afternoon Evening Tuesdays: Morning Afternoon Evening Wednesdays: Morning Afternoon Evening Thursdays: Morning Afternoon Evening Fridays: Morning Afternoon Evening		
Weekends: Morning Afternoon Evening		
Do you have your own transportation? Yes No	How many miles are you willing to drive?	



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Please describe any background or skills that you have in the areas of in

on the previous page. For example background you have in working wit support groups, etc. Please also provide	e, if you checked "Dire th children, organizing e	ect Service," please describe any events, providing peer support at	
Do you have any licenses or certificati to do with us? Example: lifeguard cert	ification, MFT, first aid/	CPR, etc.	
Are you fluent in any languages other	than English? If so, plea	ase list them below.	
How did you hear about the Alisa Anı	n Ruch Burn Foundation	?	
Please briefly describe what made you	want to get involved w	ith AARBF?	
If you have done other volunteer work before or are currently volunteering for another organization, please list these positions and organization names. Also, please list a related reference in the reference section below.			
Please list three references from professional or volunteer-related sources.			
Name	Relationship	Telephone and/or E-Mail	



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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.

Signature	Date
FOR OFFICE USE ONLY	
Reviewed by:	Date
Training completed:	Live Scan Received? Date:

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

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