

| FOR OFFICE USE | | | | |
|----------------|------|---|--|--|
| In SF | Date | _ | | |

Volunteer Application Form

Thank you for your interest in volunteering with Basel Action Network! Volunteers play a vital role in the work we do. All volunteer applications are reviewed with consideration of current volunteer opportunities.

| Personal Details | | |
|--|--|---|
| Name: | Mr. Mrs. Miss. Ms. | |
| Address: | | - |
| Telephone: (Home) | (Mobile) | - |
| Email: | | |
| Over 18: | | |
| If you are involved with us as a volunte | eer and an emergency arises, whom should we contact? | |
| Name: | Relationship: | |
| Telephone: (Home) | (Mobile) | |
| If you answered yes, please tell us a lit | tle about the experience. | |
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| 2. Why do you want to volunteer now? | ? What has motivated you to get in touch with us? | |
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| 3. Do you have any particular skills or qualities that you could use in your volunteer work? | | | | | | | | | |
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| 4. Are you applying for a specifically advertised position? Yes No | | | | | | | | | |
| If yes, please write position: | | | | | | | | | |
| 5. What kind of volunteer work interests you? | | | | | | | | | |
| Marketing/social media Research Writing Community outreach Other | | | | | | | | | |
| 6. When are you available for voluntary work? Totally Flexible | | | | | | | | | |
| Marning | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | | |
| Morning Afternoon | | | | | | | | | |
| Evening | | | | | | | | | |
| 7. How long do you intend to volunteer for?(Please note that some opportunities demand a minimum time commitment, ex. board membership) | | | | | | | | | |
| 8. Where do you wish to volunteer?(Pioneer Square office or remote/work from home) | | | | | | | | | |
| 9. How did you find out about volunteering with Basel Action Network? | | | | | | | | | |
| Basel Action Network website e-Stewards website | | | | | | | | | |
| Word of mouth Internet search | | | | | | | | | |
| Event | | | | | | | | | |
| | | | | | | | | | |
| Reference | es . | | | | | | | | |
| | | | F | _ Relationship: | | | | | |
| Place of Wor (If applicable | | | F | _ Position: | | | | | |
| Telephone: (Home) | | | | (Mobile) | | | | | |
| Email: | | | | | | | | | |

| 2. | |
|---|---|
| Name: | Relationship: |
| Place of Work: | Position: |
| (If applicable) | |
| Telephone: (Home) | (Mobile) |
| Email: | |
| Is there any additional information you would like to b | oring to our attention? |
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| I declare that the information I have provided is true. | All my actions as a volunteer will reflect the ethos of BAN |
| and I agree to adhere to all requirements and guidelin | · |
| | |
| Claused | Data |
| Signed | Date |
| | |
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| | |
| For office use only | Makaa |
| • | Notes |
| Volunteer Position | |
| • | |
| Volunteer Position | |
| Volunteer Position Volunteer Supervisor | |
| Volunteer Position Volunteer Supervisor Volunteer Interview | |

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