



Volunteer Application Form

Please complete this application form if you are interested in becoming a volunteer. Once you complete the form, please return it to Miranda Streiff by email at m.streiff@bcmud.org

First Name _____

Last Name _____

Phone _____

Email _____

15yrs Old or Older Yes No

Emergency Contact

Please provide information for someone who we may contact in case of emergency.

Name _____

Phone _____ Relationship _____

Skills and Experience

Tell us a little about previous volunteer work and in what areas you feel you have moderate to excellent skills.

Please Check events you are interested in volunteering at.

<u>Event Name</u>	<u>Date</u>	<u>Check Box</u>
Fall Creek Clean Up	September 23	<input type="checkbox"/>
Hairy Man Festival	October 21	<input type="checkbox"/>
Holiday In The Park	December 2	<input type="checkbox"/>

