



## VOLUNTEER APPLICATION

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

### Applicant Contact Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Female  Male

**YES! I WOULD LIKE TO BE CONSIDERED FOR THE FOLLOWING NEEDS:**

Special Events  Fundraising  Clerical Work

Computer Assistance  Other

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Release: As a Bella's Angels volunteer I understand that I am not an employee of the organization and not covered by workers' compensation insurance or other benefits. I understand that in volunteering there are risks involved. I agree to accept any and all risks of injury and/or death. Further I agree to hold harmless and release from liability Bella's Angels, its directors, officers and employees in the event of theft, vandalism, injury, loss of life or personal property. I also give permission for Bella's Angels to use my photo in BA publications and/or on the organization's website.

I agree to the above conditions and wish to be considered for a volunteer position at Bella's Angels.

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

Print Name: \_\_\_\_\_

Please return completed volunteer application form to Bella's Angels at P.O. Box 1562, Jupiter, FL 33468 or email to [djaffe@bellasangels.org](mailto:djaffe@bellasangels.org). For questions, please contact Deborah Jaffe at (561) 373-4823.