

Young Professionals Board Application

Name: (First, MI, Last): _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **Email:** _____

Age: _____ **DOB:** _____ **Sex:** _____

Emergency Contact: _____

Name	Phone	Relationship
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Giving ethnicity information is optional; however, it is important to us to be diverse. (Please circle):

Native American African American Hispanic Pacific Islander Caucasian Asian Other: _____

Occupation: _____ **Employer:** _____

Does your company provide a matching grant for volunteer hours? Yes No

Do you currently receive client services from Bering Omega? Yes No If so, in what program(s)? _____

Are you a student? Yes No If yes, where and what are you studying? _____

What's your highest level of education completed, and at what institution? _____

What languages do you speak? _____

Are you affiliated with any religious or civic congregations or organizations (including churches, mosques, synagogues etc.)?

If yes, please name: _____

Do you know any current volunteers, staff or board members? If yes, please name: _____

Do you anticipate volunteering at Bering Omega for more than six months? Yes No

Please check all areas of interest:

<u>Volunteer Opportunities with Clients</u>	<u>Resource Development</u>	<u>Other Projects</u>
<input type="checkbox"/> Housekeeping activities (cooking, cleaning, washing etc.)	<input type="checkbox"/> Participate in special fundraising events (event set-up, guest check-in, silent auction etc.)	<input type="checkbox"/> Gardening (no experience necessary – we'll teach you!)
<input type="checkbox"/> Socializing with clients/holding hands	<input type="checkbox"/> Grant writing (experience preferred)	<input type="checkbox"/> Group projects (volunteer with your friends)
<input type="checkbox"/> Leading or participating in art activities	<input type="checkbox"/> Representing Bering Omega at community outreach events	<input type="checkbox"/> Committee member/Board of Trustees/Advisory Council
<input type="checkbox"/> Bedside care (attending to personal hygiene needs)	<input type="checkbox"/> Volunteer Administration Project Leader (recruitment, retention and recognition etc.)	<input type="checkbox"/> Administrative Projects in human resources and/or the financial department
<input type="checkbox"/> Administrative Duties		<input type="checkbox"/> Create your own volunteer opportunity

How did you hear about Bering Omega Community Services? _____

What skills and talents do you have that would be good to use as a volunteer at Bering Omega Community Services? _____

Please tell us why you want to become a volunteer at Bering Omega Community Services. Consider the following points in your reply: 1. Your personal experience with serious illness and its effect on you. 2. Your personal experience with grief and the grieving process. 3. Your feelings about the HIV/AIDS epidemic and its effect, if any, on your life. 4. Sources of emotional support in your life. 5. Your concerns and education level on the transmission of HIV/AIDS.

By signing this application form, I authorize investigation of all statements contained in this volunteer application. I release those individuals and/or organizations contacted from all liability whatsoever for issuing the requested information.

Signature

Date