



# BAINBRIDGE ISLAND CHAMBER OF COMMERCE

## VOLUNTEER APPLICATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthday \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Volunteer Interests:**  Visitor Center/Kiosk Host  Language Bank  Data Entry/Computer  Events

Weekday Availability	Mon	Tues	Wed	Thu	Fri	Weekend Availability	Sat	Sun
9 a.m. to 1 p.m.						10 a.m. to 1 p.m.		
1 p.m. to 5 p.m.						1 p.m. to 5 p.m.		

Available to substitute? \_\_\_\_\_

How long have you lived on Bainbridge Island? \_\_\_\_\_

Formal Education Level Completed: \_\_\_\_\_

Occupation(s)/Work Experience: \_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skills Summary** - List any professional license(s), experience, special skills (e.g. real estate license, customer service, retail, computer skills, software applications):

\_\_\_\_\_

\_\_\_\_\_

Please describe why you would like to volunteer for the Bainbridge Island Chamber \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Foreign Languages**                      **Speak**                      **Read**                      **Write**

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Emergency Contact Information:**

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

Address \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Limitations:** Do you have any physical limitations or special needs that may affect what you can do or can participate in?

\_\_\_\_\_

Our policy is to provide equal opportunities without regard to race, religion, national origin, gender, sexual preference, age or disability. Thank you for completing this application and for your interest in volunteering with us.

By submitting this application, I affirm that the facts set forth on this application are true and complete.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_