

## Volunteer Application Form

Date			
Name	Home Pho	one	
Address	Work Pho	Work Phone	
City, State and Zip	Cell Phone		
Email			
Emergency Contact	Phone		
Name of employer/school			
Educational Background (circle	one) High School Co	llege College Grad	
List any technical/academic/job	o/language skills or interest	ts you have:	
Availability during office hours	(M-F, 10am- 2pm):		
Length of service (eg.: 1 year			
Type of volunteer projects:			
Office Assistant	Food Program	Public relations	
Adult Financial Mentoring	Fundraiser	Special Projects	



In completing this application for becoming a volunteer, I understand that I am not an agent or employee of Britepaths, and I further understand that this form is not and application for employment. I authorize release of information for Britepaths to obtain criminal and reference checks for the position(s) for which I am applying. I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent volunteer information forms, is grounds for dismissal.

Britepaths would like to promote our program	ms and volunteering by using photographs
of volunteers in action. Check here if	you do not wish for your photograph to
be distributed in Britepaths publications.	
Date Signature	
Please list 3 references (other than family r	nembers)
1. Name	Phone
Relationship	_
2. Name	
Relationship	_
3. Name	
Relationship	-

Please mail, fax or e-mail to:

**Britepaths** 

4080 Chain Bridge Road, Fairfax, VA 22030 703.273.8829 - Fax 703.273.7131 - info@britepaths.org