



BIRTHRIGHT OF ST. CHARLES
Volunteer Application

APPLICANT INFORMATION							
Name		Volunteer Position			Date:		
				1 st Choice		2 nd Choice	
Street Address		City		State	ZIP		
Home Phone:		Cell:		E-mail Address			
Husband's Name (if applicable)			Number of Children		Ages		
Religion or Church Affiliation: (not required)							

EDUCATION		
High School?		College Degrees or Vocational training:

JOB EXPERIENCE
Please list your job experience (including volunteer activities) and describe responsibilities:
1.
2.
3.

REFERENCES		
Personal: (1) A close family member; & (2) <i>Preferably</i> someone with Birthright or your pastor:		
Name	Address	Phone
Name	Address	Phone
Business/Professional Reference (if applicable)		
Name	Address	Phone
How many hours per week are you available for volunteer work?		(Minimum 3½ hours)
Which day(s) of the week are you available to volunteer?		
How did you become aware of Birthright?		
Why are you interested in being a Birthright volunteer?		
How does your family view your desire to do volunteer work at Birthright?		

PLEASE RETURN FORM TO:
Sheri Petruso, Executive Director
Birthright of St. Charles
205 North Fifth St., Suite 209
St. Charles, MO 63301
(636) 724-1200