

Thank you for your interest in volunteering with Bellewood's mentoring programs. Please complete the Volunteer Application below and return by e-mail to Lorraine Wilbur at lwilbur@bellewood.org or by postal mail to:

Bellewood
982 Eastern Parkway
Louisville, Kentucky 40217

For further questions, please contact Lorraine Wilbur at 502.636.1936.
Thank you.

VOLUNTEER SERVICE APPLICATION

Thank you for your interest in volunteering at Bellewood. Please make sure to print clearly and provide all requested information. Missing information can cause your application to be delayed in processing.

Date:

PERSONAL INFORMATION:				
Name:				
Street Address:				
City:		State:		Zip:
Home Phone:			Email address:	
Drivers License #:				
Are you currently over 18 years of age?				
Current Employer:				
May we call you at work?			Work Phone:	
EDUCATION:				
Circle Highest	High School	College	Graduate	GED
Grade Completed:	9 10 11 12	1 2 3 4	1 2 3 4	
College/Other School or Training:				
Major or Course:			Degree:	
Hobbies, Skills, & Special Interest:				
How did you hear about the Bellewood volunteer program?				
When are you available to volunteer? Days ____ Nights ____ Weekends ____				
PERSON TO CONTACT IN CASE OF EMERGENCY:				
Name:			Relationship:	
Daytime Phone:			Evening Phone:	
Address:				
Have you ever been charged with a misdemeanor or criminal offense?				
If yes, please explain:				
Have you ever been convicted of a misdemeanor or criminal offense?				
If yes, please explain:				
(A conviction does not automatically mean you cannot volunteer. The convicted offense and how long ago are important. Use additional sheets if necessary. Give all facts so an appropriate decision can be made.)				
PREVIOUS WORK/VOLUNTEER EXPERIENCE:				

Volunteer:		
Work/Other:		
PERSONAL REFERENCES:		
Please list three people whom you have known for at least one year and can attest to your character, skills, and dependability. Do not include relatives.		
1.		
Name	Phone	Relationship
Street	City	State Zip
2.		
Name	Phone	Relationship
Street	City	State Zip
3.		
Name	Phone	Relationship
Street	City	State Zip
PLEDGE OF CONFIDENTIALITY:		
I hereby pledge that I shall safeguard and treat as CONFIDENTIAL all information (whether acquired through verbal communication, written record, or observation) pertaining to any resident, relative or friend of any resident, staff member, or volunteer of Bellewood, which I may through my affiliation with Bellewood, so acquire.		
I HAVE READ AND UNDERSTAND THE FOREGOING PLEDGE OF CONFIDENTIALITY		
Signature of Applicant	Date	