VOLUNTEER APPLICATION

Applicant Contact Information

Date:_____

Name: _____

Address: _____

City:_____ **State:** _____ **Zip Code:** _____

Phone number: _____ **Email:** _____

DOB: _____ **Female** ___ **Male** ___ **T-Shirt Size:** _____

I am volunteering as: (select all that apply)

- ☐ **Event Committee (specify events):** _____
- ☐ **Thea's Night Out (specify location):** _____
- ☐ **Board Member**
- ☐ **Day-of-Event Volunteer**
- ☐ **Office Volunteer**
- ☐ **Other (please specify):** _____

Emergency Contact Information

Name: _____ **Phone Number:** _____

Release: As a Bella's Angels volunteer I understand that I am not an employee of the organization and not covered by workers' compensation insurance or other benefits. I understand that in volunteering there are risks involved. I agree to accept any and all risks of injury and/or death. Further I agree to hold harmless and release from liability Bella's Angels, its directors, officers and employees in the event of theft, vandalism, injury, loss of life or personal property. I also give permission for Bella's Angels to use my photo in BA publications and/or on the organization's website.

I agree to the above conditions and wish to be considered for a volunteer position at Bella's Angels.

Signature:_____ Date: _____

Print Name: _____

Please return completed volunteer application form to Bella's Angels at 13860 Wellington Trace #38-111 Wellington, FL 33414 or email to mjohnson@bellasangels.org. For questions, please contact Matea Johnson at (630) 743-9487.