Short Term Volunteer Application - Adult

Title:	Mr.	Mrs.	Miss	Ms.		
Gender:	Male			Female		
First Name:				Surname/Family Name:		
Middle Name:				Nickname(s):		
Street Address:				City/State(Province/Country):		
Zip Code:				Email:		
Home Phone:				Cell Phone:		
Birthdate:						
Registere	ed Bahá'í:	Yes		Νο		
If yes, ID#:						
Proposed Service Term: From:				То:		
Do you have health insurance coverage?			Yes	Νο		
Insurance Company:						

Policy Number:

ALL VOLUNTEERS ARE RESPONSIBLE FOR THEIR OWN MEDICAL COSTS

Do you have any medical or other conditions that might impact your ability to serve? If so, please describe:

[Please also note that the School is a smoke-free and tobacco-free campus.]

Emergency Contacts

Name:	Name:		
Street Address:	Street Address:		
City,State(Province):	City,State(Province):		
Home Phone:	Home Phone:		
Work Phone:	Work Phone:		
Cell Phone:	Cell Phone:		

References

Volunteers are required to provide two references: 1) a non-family member who is personally acquainted with the applicant (provide information below) and 2) a Bahá'í serving in an administrative capacity (Ug_h\Ya 'hc fYh fb h\Y'UHUW\YX'Ghort Term Volunteer Reference form X]fYWfmhc 6cgW UhVcgW 4 i gVbWcf[)"

Reference Name:

City, State(Province):

Home Phone:

Cell Phone:

Work Phone:

Email:

Other Email:

Bahá'í Experience:

Describe your experience as a Bahá'í including the communities in which you have lived, committees and Assemblies of which you have been a member, institute programs and/or classes you have attended or taught, conferences attended, pioneering, teaching activities, children's classes taught, home visits completed, etc. Please include dates if known: