

## VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Contact's Phone # \_\_\_\_\_

Contact's E-mail Address: \_\_\_\_\_

Are you a BU student?                      Yes \_\_\_\_\_      No \_\_\_\_\_

If not, home institution: \_\_\_\_\_

Are you under 18 years of age?              Yes \_\_\_\_\_      No \_\_\_\_\_

Will you be working with children?      Yes \_\_\_\_\_      No \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Assignment Start Date: \_\_\_\_\_ Assignment End Date: \_\_\_\_\_

Number of Hours per Week: \_\_\_\_\_

\_\_\_\_\_  
Volunteer's Name

\_\_\_\_\_  
Supervisor's (PI) Name

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Supervisor's (PI) Signature

Please fill out and return to Geri Wilson, Business Administrator, at [gewilson@bu.edu](mailto:gewilson@bu.edu).