



# MBCM Volunteer Application

## Contact Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Medical Conditions/Special Needs: Yes or No

If yes, explain \_\_\_\_\_

(Complete parent info if under 18 years)

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

Parent E-mail: \_\_\_\_\_ Parent Phone #: \_\_\_\_\_

## Education Information

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

Classification/Grade: \_\_\_\_\_

Degree Program (if applicable): \_\_\_\_\_

## Employment Information

Current/Most Recent Employer: \_\_\_\_\_

Title/Position Held: \_\_\_\_\_

## Volunteer Experience

Briefly describe any past volunteer experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Volunteer Time

Tell us how many hours of service needed. We do require a minimum of 20 hours over 3 month period.

\_\_\_\_\_

## Reason for Volunteering

- Just for Fun!
- Requirement (School/Work)
- Court Ordered

## Volunteer Type

Please circle one

**High School Volunteer**  
9th - 12th grade

**College Volunteer**

**Adult Volunteer**