

BYEF Volunteer Application

values. BYEF reser suitability to perform	ves the right to make all appront the duties they will be assigned	opriate checks on pod d to. All potential vol	to support our mission and core otential volunteers to insure their unteers will complete a volunteer of BYEF and submit 2 character	
Please print				
First Name		Last Name		
Address	City/State/Zip			
Telephone	Email			
Date of Birth		or Social Security		
Character Refer	ences			
Name	Relationship/Association	Telephone #	Email Address	
1				
2				
experience was ga (please attach add	he Area You Wish To Vol ined with, your job title with th itional sheets if necessary)	nat organization, du		
4				
volunteering at my cresponsibility for any	ee to abide by the policies and pown risk and the BYEF, its board railing liability for any accident, injury, ehalf of BYEF. I agree that all wo	I members, employee or health problem w	es, and affiliates cannot assume hich may arise from the volunteer	
I hereby attest that t	he above information is true to t	he best of my knowle	edge.	
(Signature o	of Volunteer)		(Date)	

Complete If Selected

Volunteer:		
In an emergency, notify:		
First Name	Last Name	
Address		
City/State/Zip	Telephone	