



BUGS VOLUNTEER FORM

Date: _____

I. Personal Information

NAME _____

MAILING ADDRESS: STREET / P.O. BOX NUMBER _____

CITY / STATE / ZIP CODE _____

TELEPHONE (DAY) _____ TELEPHONE (NIGHT) _____ BEST TIME TO CALL _____

E-MAIL _____

II. Interests and Experiences: *Please check those areas in which you have experience and circle those you are additionally interested in.*

1. Working directly with youth: ages 5-8 ages 9-13 ages 14-19 Other: _____

2. Working in the following capacities:

- | | |
|--|---|
| <input type="checkbox"/> Summer programs | <input type="checkbox"/> Office Support |
| <input type="checkbox"/> Education | <input type="checkbox"/> Committee member |
| <input type="checkbox"/> Club/group leader | <input type="checkbox"/> Donor/Fundraiser |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Other _____ | |

3. My special interests include: _____

4. My volunteer experience is: _____

5. Special considerations regarding my availability, length of commitment, etc. are: _____

6. Factors that motivate me in a volunteer role are: *Check all that apply.*

- | | |
|---|---|
| <input type="checkbox"/> Personal satisfaction | <input type="checkbox"/> Professional opportunities |
| <input type="checkbox"/> Working with youth | <input type="checkbox"/> Preparing youth for future |
| <input type="checkbox"/> Building relationships | <input type="checkbox"/> Community involvement |
| <input type="checkbox"/> Other: _____ | |

Thank you for considering being a part of the Boise Urban Garden School!