



VOLUNTEER APPLICATION

Please note, all information you provide will be held in the strictest of confidence.

| | | | |
|---|------------------------------|------------------------|------------------------------|
| Full Name: | | Age: | |
| Street Address: | | City/State/Zip | |
| Phone #: | Home or Cell (circle one) | Other # | Home or Cell (circle one) |
| Email address: | | Other form of contact: | |
| In the event of an emergency, who can we contact? | | | |
| Contact's phone #: | Home or Cell (circle one) | Relationship: | |

Demographic Information

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|--|----------------------|---|------------------------|
| Your gender identity: (check one of the following choices) | | What racial/ethnic group do you most identify with? (check all that apply) | |
| <input type="checkbox"/> | Female | <input type="checkbox"/> | White/Caucasian |
| <input type="checkbox"/> | Male | <input type="checkbox"/> | Black/African American |
| <input type="checkbox"/> | Transgender – Female | <input type="checkbox"/> | Asian/Pacific Islander |
| <input type="checkbox"/> | Transgender – Male | <input type="checkbox"/> | Other (specify) |
| <input type="checkbox"/> | Other (specify) | Are you of Latino/Hispanic origin? (circle one) | Yes No |

General Information:

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| Why would you like to become a volunteer for Bronx Pride? |
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| What do you feel you can contribute to the agency as a volunteer? (Please list any special skills) |
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Please select which department you would be interested in volunteering for: (select all that apply)

| | |
|--------------------------|---|
| <input type="checkbox"/> | Administration: Accounting, IT, Reception, Hospitality, General office work; etc. |
| <input type="checkbox"/> | House Keeping/Maintenance |
| <input type="checkbox"/> | Development: Mailing campaigns; Telephone outreach; Special events; Media, etc. |
| <input type="checkbox"/> | Programming: Program assistance, Health Link Line, Prevention programs, Youth programs, Adult programs, etc. |
| <input type="checkbox"/> | Outreach: Tabling, Health Fairs, Special Events, etc. |
| <input type="checkbox"/> | Other: (please specify) |

Availability: Please indicate days and times available for volunteer services in spaces below.

| | | | | | |
|--|--------|---------------|-----------|---------------|--------|
| I prefer to volunteer in the: (check one please) | | Morning hours | | Evening hours | |
| Days | Monday | Tuesday | Wednesday | Thursday | Friday |
| Times | | | | | |