



The BizWorld Foundation
THE BIZWORLD FOUNDATION VOLUNTEER APPLICATION

Timeframe for volunteering: _____

Date: _____

WORK CONTACT INFORMATION

Name: _____

Company: _____

Position: _____

City, State: _____

Work Email: _____

Work Phone: _____

For Office Use:

Application Approved by:

Date: _____

HOME CONTACT INFORMATION

Address: _____

City, State: _____

Home Email: _____

Home Phone: _____

Cell Phone: _____

Please Circle One:

How would you prefer to be contacted?

Phone

Email

Which address is your preferred contact location?

Home

Work

Thank you for your interest in volunteering with The BizWorld Foundation! Please answer the following questions so that we can work to connect you with a volunteer opportunity that fits your interests and needs. *Please check all boxes that apply.*

What type of volunteer experience are you most interested in?

- Teaching a full BizWorld program-15 hours total
- Volunteering once or twice in a classroom-1-3 hours total
- One time, full day volunteer opportunity- 6-8 hours total
- Serving as a BizWorld Foundation Ambassador-ongoing
- Providing administrative support at The BizWorld Foundation Office-flexible

THE BIZWORLD FOUNDATION
444 DEHARO STREET, SUITE 203, SAN FRANCISCO, CALIFORNIA 94107
OFFICE 888-4-BIZKIDS / 415-503-5880 FAX 415-863-2072
WWW.BIZWORLD.ORG INFO@BIZWORLD.ORG

All provided information is confidential and will not be sold or distributed to outside parties.



The BizWorld Foundation

How do you plan on volunteering? <ul style="list-style-type: none"><input type="checkbox"/> Individual<input type="checkbox"/> With a friend or partner<input type="checkbox"/> With a small group (3-5)	What age group are you most comfortable working with? <ul style="list-style-type: none"><input type="checkbox"/> 8-10 year olds<input type="checkbox"/> 11-13 year olds<input type="checkbox"/> 13-16 year olds	How far are you willing to travel? <ul style="list-style-type: none"><input type="checkbox"/> 0-5 miles<input type="checkbox"/> 6-10 miles<input type="checkbox"/> 10 or more
When are you available to volunteer? <ul style="list-style-type: none"><input type="checkbox"/> Work Week<input type="checkbox"/> Weekend	What time of day are you available to volunteer <ul style="list-style-type: none"><input type="checkbox"/> 7am-9am<input type="checkbox"/> 9am-12pm<input type="checkbox"/> 12pm-3pm<input type="checkbox"/> 3pm-5pm<input type="checkbox"/> After Work	Where will you be travelling from? <ul style="list-style-type: none"><input type="checkbox"/> Work<input type="checkbox"/> Home

Please answer the following questions:

What are you hoping to get out of your volunteer experience?

How did you hear about the BizWorld Foundation?

Why did you choose the BizWorld Foundation?

Volunteer Signature

Date

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