



BNH Staff use only:
Mtg. _____ Initials: _____
Ref.: _____ TY: _____

VOLUNTEER APPLICATION FORM

Today's Date: ____/____/____

Name: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____

Cell Phone: _____

Preferred E-mail: _____

Your Employer's Name (if applicable): _____

Street Address: _____

City, State, Zip: _____

Work Phone: _____ May we contact you at work? YES NO

Your Emergency Contact's Name: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Are you 18 years of age or older? YES NO BIRTH DATE: ____/____/____

Do you use any form of tobacco (cigarette/cigar/chew/smokeless/e-cigarettes or similar devices/etc.)? YES NO

(over)



Do you hold a valid driver's license? YES NO IF YES, which state? _____

Have you ever had your driver's license suspended or revoked? YES NO
If yes, please explain:

Have you ever been convicted of a crime? YES NO
If YES, please explain:

How did you learn about Breathe New Hampshire?

- Website Friend/Family/Co-Worker
 Special Event Internet Search
 Other (Please describe):

Type of Breathe NH volunteer opportunity you are requesting (check all that apply):

- Advocacy Office/Clerical
 Special Event Other (Please describe):
 Intern

Time and frequency you are available to volunteer for Breathe NH (check all that apply):

- Weekday Weekend Daytime Evening
 Weekly Monthly Yearly
 Other (Please describe):

What are your hobbies, interests, skills or areas of special training?