



BEE BUSY, INC.

Volunteer/Internship Application

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|--|------------|----------------------|------------------|
| POSITION APPLYING FOR (SELECT ONE): <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> INTERNSHIP <input type="checkbox"/> COMMUNITY SERVICE | | | |
| PERSONAL INFORMATION | | | |
| FIRST NAME | MI | LAST NAME | APPLICATION DATE |
| STREET ADDRESS | | CITY | STATE ZIP CODE |
| DAY PHONE | HOME PHONE | CELL PHONE | |
| EMAIL | | BIRTHDAY (MONTH/DAY) | |

| | | |
|--------------------------|----------|-------|
| EMERGENCY CONTACT | | |
| NAME | RELATION | PHONE |

| | | | |
|---|---|---|--|
| GENDER | | RACE | |
| <input type="checkbox"/> TRANS-GENDER FTM | <input type="checkbox"/> TRANS-GENDER MTF | <input type="checkbox"/> BLACK/AFRICAN-AMERICAN | <input type="checkbox"/> LATINO/HISPANIC |
| <input type="checkbox"/> FEMALE | <input type="checkbox"/> MALE | <input type="checkbox"/> ASIAN | <input type="checkbox"/> WHITE |
| | <input type="checkbox"/> OTHER: | <input type="checkbox"/> AMERICAN INDIAN | <input type="checkbox"/> OTHER: |

| | |
|--|--|
| PLEASE LIST ANY LANGUAGE(S) OTHER THAN ENGLISH THAT YOU ARE FLUENT IN: | PLEASE LIST YOUR HIGHEST LEVEL OF EDUCATION: |
|--|--|

| | | |
|---|----------------|---------------------------------|
| CURRENT EMPLOYER (IF APPLICABLE) | | |
| COMPANY NAME | POSITION/TITLE | DATES OF EMPLOYMENT (START/END) |
| ADDRESS (STREET, CITY, STATE, & ZIP CODE) | | |
| WOULD YOU LIKE US TO KEEP YOUR EMPLOYER ABREAST OF YOUR VOLUNTEER SERVICE AND ACHIEVEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| HAVE YOU EVER BEEN EMPLOYED BY BBI BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF, SO WHERE & WHEN? | | |
| HAVE YOU EVER VOLUNTEERED FOR BBI BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF, SO WHERE & WHEN? | | |

| | | |
|---|--|--|
| HOW DID YOU HEAR ABOUT US? | | |
| <input type="checkbox"/> STAFF | <input type="checkbox"/> INTERNET POSTING WEBSITE: _____ | <input type="checkbox"/> AREA UNIVERSITIES |
| <input type="checkbox"/> VOLUNTEER/FRIEND | <input type="checkbox"/> BEE BUSY WEBSITE | <input type="checkbox"/> SOCIAL MEDIA (IDENTIFY WHICH ONE) |
| <input type="checkbox"/> BEE BUSY WEBSITE | <input type="checkbox"/> INTERAGENCY EVENTS | |

| REFERENCES | | | |
|--|---------------------|------------------------|--------------|
| PLEASE LIST THREE PEOPLE WHO KNOW YOU WELL AND CAN ATTEST TO YOUR CHARACTER, SKILLS, AND DEPENDABILITY. INCLUDE YOUR CURRENT OR LAST EMPLOYER. | | | |
| NAME/ORGANIZATION | RELATIONSHIP TO YOU | LENGTH OF RELATIONSHIP | PHONE NUMBER |
| | | | |
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BEE BUSY, INC.

Volunteer/Intern Questionnaire

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|---|---|
| EXPERIENCE | |
| LIST ANY SPECIAL TRAINING, SKILLS, HOBBIES: | |
| LIST ANY GROUPS, CLUBS, OR ORGANIZATIONAL MEMBERSHIPS: | |
| PLEASE DESCRIBE YOUR PRIOR VOLUNTEER EXPERIENCE (INCLUDE ORGANIZATION NAMES AND DATES OF SERVICE) | |
| WHAT EXPERIENCES HAVE YOU HAD THAT MAY PREPARE YOU TO WORK AS A VOLUNTEER/INTERN IN THE FIELD OF [DESCRIPTION OF FIELD, E.G., HUMAN RESOURCES, TEEN PREGNANCY, HIV/AIDS, ADVOCACY, DOMESTIC VIOLENCE, CHILD ABUSE PREVENTION, YOUTH RECREATION, INTAKE/OUTREACH, ETC.]? | |
| WHY DO YOU WANT TO VOLUNTEER/INTERN? [OR, WHAT DO YOU HOPE TO CONTRIBUTE OR GAIN FROM THIS VOLUNTEER/INTERN EXPERIENCE?] | |
| DO YOU HAVE A DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO | DO YOU HAVE CAR INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT HINDER YOUR ABILITY TO LIFT OBJECTS OR IMPAIR YOUR ABILITY TO DRIVE A VEHICLE? IF YES, PLEASE EXPLAIN. | |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? [IF YES, PLEASE EXPLAIN THE NATURE OF THE CRIME AND THE DATE OF THE CONVICTION AND DISPOSITION.] | |

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|---|--------------------------|--------------------------|--------------------------|--------------------------|
| SKILLS | | | | |
| OUR ORGANIZATION HAS A HUGE POOL OF MEMBER SKILLS; WE'D LIKE TO ADD YOURS! PLEASE RATE YOUR SKILL OR EXPERIENCE IN EACH OF THE FOLLOWING AREAS. | | | | |
| | NONE | BEGINNER | INTERMEDIATE | ADVANCED |
| FUNDRAISING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ORGANIZATIONAL SKILLS/EXPERIENCE | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SKILL IN EVENT PLANNING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DATABASE DESIGN/MANAGEMENT / DATA ENTRY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| DESKTOP PUBLISHING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| TYPING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SOFTWARE (MICROSOFT, ADOBE, ETC.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SOCIAL MEDIA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| RESEARCH (LIBRARY/INTERNET) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PUBLIC SPEAKING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MOVING / PACKING / ASSEMBLY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INFORMATION TECHNOLOGY | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MENTORING / TUTORING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ARTS & CRAFTS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| CAMP COORDINATOR / COUNSELING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PLEASE DESCRIBE ANY OTHER SKILLS YOU'D BE WILLING TO CONTRIBUTE: | | | | |



BEE BUSY, INC.

| DURATION | | | |
|---|---|-----------------------------------|------------------------------------|
| PLEASE CHECK YOUR AVAILABILITY. MARK ALL THAT APPLY. | | | |
| WEEKDAYS | <input type="checkbox"/> MORNINGS | <input type="checkbox"/> DAYTIME | <input type="checkbox"/> EVENINGS |
| WEEKENDS | <input type="checkbox"/> MORNINGS | <input type="checkbox"/> DAYTIME | <input type="checkbox"/> EVENINGS |
| WHICH DAYS ARE YOU AVAILABLE TO VOLUNTEER? | | | |
| <input type="checkbox"/> SUNDAY | <input type="checkbox"/> MONDAY | <input type="checkbox"/> TUESDAY | <input type="checkbox"/> WEDNESDAY |
| <input type="checkbox"/> THURSDAY | <input type="checkbox"/> FRIDAY | <input type="checkbox"/> SATURDAY | |
| HOW MANY HOURS ARE YOU AVAILABLE TO VOLUNTEER? | | | |
| PLEASE INDICATE WHICH ROLE YOU PREFER TO CONTRIBUTE TO OUR ORGANIZATION. SELECT ALL THAT APPLY. | | | |
| <input type="checkbox"/> OCCASIONAL VOLUNTEER | <input type="checkbox"/> FREQUENT ATTENDEE AT OUR EVENTS AND MEETINGS | | |
| <input type="checkbox"/> ACTIVE VOLUNTEER | <input type="checkbox"/> OCCASIONAL ATTENDEE AT OUR EVENTS AND MEETINGS | | |
| <input type="checkbox"/> GIVING DONATIONS | <input type="checkbox"/> OTHER, PLEASE SPECIFY: | | |
| THE FOLLOWING ARE THE OFFICES AND GENERAL ACTIVITIES WITHIN OUR ORGANIZATION. PLEASE INDICATE YOUR INTEREST LEVEL TO BE ACTIVELY INVOLVED IN EACH AREA. | | | |
| INTERESTS | NOT INTERESTED | INTERESTED | VERY INTERESTED |
| BOARD MEMBER | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FUNDRAISING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EVENTS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| SPECIAL PROJECTS/COMMITTEES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PUBLIC RELATIONS/SPECIAL EVENTS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| VOLUNTEER COORDINATION | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| INTAKE FOR IN-FIELD TESTING | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| OUTREACH | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADMINISTRATIVE ASSISTANT | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PRODUCT PREPARATION (CONDOM PACKING/DIST., T-SHIRT, ETC.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| COMPLIANCE/HUMAN RESOURCES | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADVOCACY (PROTESTS/SPECIAL EVENTS) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| EDUCATION | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PLEASE LIST ANY OTHER OFFICE OR GENERAL ACTIVITIES IN WHICH YOU ARE INTERESTED IN PARTICIPATING: | | | |

| CONSENT & AGREEMENT | |
|--|------|
| <p>PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION: I UNDERSTAND THAT UPON COMPLETION OF ORIENTATION, TRAINING, AND CONSENT OF EXECUTIVE MANAGER OR DEPARTMENT SUPERVISOR, I MAY BEGIN MY WORK AS A VOLUNTEER/INTERN. I AGREE TO SIGN IN AND OUT AND TALLY MY HOURS FOR EVERY DAY WORKED. I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION FOR AND NOT A COMMITMENT OR PROMISE OF VOLUNTEER/INTERN OPPORTUNITY. I CERTIFY THAT I HAVE AND WILL PROVIDE INFORMATION THROUGHOUT THE SELECTION PROCESS, INCLUDING ON THIS APPLICATION FOR A VOLUNTEER/INTERN POSITION AND IN INTERVIEWS WITH BEE BUSY LEARNING ACADEMY, INC. THAT IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I CERTIFY THAT I HAVE AND WILL ANSWER ALL QUESTIONS TO THE BEST OF MY ABILITY AND THAT I HAVE NOT AND WILL NOT WITHHOLD ANY INFORMATION THAT WOULD UNFAVORABLY AFFECT MY APPLICATION FOR A VOLUNTEER/INTERN POSITION. I UNDERSTAND THAT INFORMATION CONTAINED ON MY APPLICATION WILL BE VERIFIED BY BEE BUSY LEARNING ACADEMY, INC. I UNDERSTAND THAT MISREPRESENTATIONS OR OMISSIONS MAY BE CAUSE FOR MY IMMEDIATE REJECTION AS AN APPLICANT FOR A VOLUNTEER/INTERN POSITION WITH BEE BUSY LEARNING ACADEMY, INC. OR MY TERMINATION AS A VOLUNTEER/INTERN.</p> <p>I AUTHORIZE BEE BUSY LEARNING ACADEMY INC. TO MAKE SUCH INQUIRIES INTO MY BACKGROUND AS MAY BE NECESSARY FOR VOLUNTEER/INTERNSHIP PLACEMENT. IN CONNECTION WITH MY ACTIVITIES AS A VOLUNTEER OR INTERN, I AGREE TO HOLD CONFIDENTIAL ALL INFORMATION TO WHICH I MAY HAVE ACCESS. DISCLOSURE OF SUCH INFORMATION TO UNAUTHORIZED PERSONS IS PROHIBITED AND MAY RESULT IN MY DISMISSAL FROM THE VOLUNTEER/INTERNSHIP PROGRAM AND MAY HAVE ADDITIONAL LEGAL CONSEQUENCES.</p> <p>I AM AWARE THAT BEE BUSY LEARNING ACADEMY INC. DOES NOT PROVIDE INSURANCE COVERAGE FOR VOLUNTEERS OR INTERNS IF PERSONALLY INJURED OR IF DAMAGE OCCURS TO PERSONAL PROPERTY WHILE ACTING AS A VOLUNTEER/INTERN. I FURTHER UNDERSTAND THAT I WILL NOT RECEIVE PAY FOR VOLUNTEERING OR INTERNING AND AM NOT ENTITLED TO WORKER'S COMPENSATION BENEFITS, HEALTH INSURANCE BENEFITS, OR ANY OTHER BENEFITS AVAILABLE TO EMPLOYEES OF BEE BUSY LEARNING ACADEMY INC. I AGREE THAT I WILL NOT HOLD BEE BUSY LEARNING ACADEMY INC., ITS OFFICERS OR AGENTS THEREOF LIABLE FOR ANY INJURY SUSTAINED TO PERSON OR PROPERTY WHILE ACTING IN A VOLUNTEER/INTERN CAPACITY.</p> | |
| SIGNATURE | DATE |
| PRINTED NAME | |



BEE BUSY, INC.

| BEE BUSY, INC. INTEROFFICE USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE) | | |
|---|--|---|
| INTERVIEW RECOMMENDED <input type="checkbox"/> YES <input type="checkbox"/> NO | BACKGROUND CHECK COMPLETED/DATE <input type="checkbox"/> YES <input type="checkbox"/> NO _____ | INTERVIEW SCHEDULED/DATE <input type="checkbox"/> YES <input type="checkbox"/> NO _____ |
| INTERVIEW CONDUCTED/DATE <input type="checkbox"/> YES <input type="checkbox"/> NO _____ | ORIENTATION/DATE <input type="checkbox"/> YES <input type="checkbox"/> NO _____ | START DATE/FREQUENCY _____/_____ |
| RESPONSIBLE MANAGER/DEPARTMENT SUPERVISOR | VOLUNTEER COORDINATOR | |



BEE BUSY, INC.

AUTHORIZATION TO RELEASE INFORMATION

Please Read Carefully

I hereby authorize previous employers and references to furnish any information concerning my personal character, habits or employment records.

You may conduct such investigations as may be necessary to confirm details of my background, which are pertinent to the position for which I am being considered. I hereby release all persons from liability or damage incurred as a result of inquiry and furnishing this information.

Applicant's Name – Please Print

Applicant's Signature

Applicant's Social Security Number

Date