



Volunteer Application

Name _____ Title: Ms. / Mrs. / Mr. / Miss

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number(s): _____

E-mail: _____

Emergency Contact: _____ Phone: _____

Are you over the age of 18: ☐ Yes ☐ No (if no, provide Parental/Guardian Contact info):

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number(s): _____

E-mail: _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please explain: _____

When are you able to volunteer? _____

What days are you available to work? (check any that apply)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Are there certain hours of the day you can volunteer? _____

What kind of skills, training or knowledge do you have that can help Blueprints of Love: _____

Please indicate any of the following tasks you might be willing to do for Blueprints of Love:

<input type="checkbox"/> Sewing	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Painting
<input type="checkbox"/> Loading of Supplies	<input type="checkbox"/> Murals	<input type="checkbox"/> Office Work
<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Marketing	<input type="checkbox"/> Lunch Coordinator
<input type="checkbox"/> Drink Coordinator	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Volunteer Appreciation
<input type="checkbox"/> Inventory	<input type="checkbox"/> Carpet Cleaning	<input type="checkbox"/> General Cleaning
<input type="checkbox"/> DVD Burning	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Silent Auction Coordinator
<input type="checkbox"/> Annual Event Planning	<input type="checkbox"/> Database Help	<input type="checkbox"/> Mailing of Marketing Packets
<input type="checkbox"/> Electrical Work	<input type="checkbox"/> Carpet Installation	<input type="checkbox"/> Family Event Coordinator
<input type="checkbox"/> Business Contacts	_____	_____

Please provide two professional or personal references:

Name: _____ Phone: _____

E-mail: _____ Relationship to You: _____

Name: _____ Phone: _____

E-mail: _____ Relationship to You: _____

How did you hear about Blueprints of Love? _____

I hereby attest that the above information is true to the best of my knowledge.

Signature

Date

Parental signature if minor

Date

Thank you so much for your interest in Blueprints of Love.
We so appreciate your support of the amazing children and their families!

Please return form to: blueprintsoflove@gmail.com or mail to:
Blueprints of Love | 23 Gould St. #1 | Wakefield, MA 01880
Tel: 781.254.7878