Butterflies Academy

14103 Saratoga Ave, Saratoga, CA 95070 | 408-867-3772 | info@butterfliesacademy.com

Volunteer Application – Personal Information

*Please complete all sections. Fields marked with * are required.*

Full Name *

First Name

Last Name

Contact Details *

Phone Number

Email Address

Home Address *

Street Address

City, State, ZIP

Date of Birth *

MM / DD / YYYY

Emergency Contact *

Contact Name & Relationship

Emergency Phone

Languages Spoken:

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Volunteer Application – Availability & Motivation

Hours Available per Week:

Skills & Relevant Experience:

Preferred Volunteer Dates & Times (list up to 12):

Date 1:	Date 2:	Date 3:	Date 4:
Time:	Time:	Time:	Time:
Date 5:	Date 6:	Date 7:	Date 8:
Time:	Time:	Time:	Time:
Date 9:	Date 10:	Date 11:	Date 12:
Time:	Time:	Time:	Time:

Why do you want to volunteer at Butterflies Academy? *

Previous Volunteer / Work Experience:

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Volunteer Hours Log

Volunteer Name:

Date	Activity / Role	Supervisor Name	Hours	Supervisor Signature
		TOTAL HOURS		

Liability Waiver

By signing below, I acknowledge that my participation as a volunteer at Butterflies Academy is voluntary and may involve activities with inherent risks. I release and hold harmless Butterflies Academy, its staff, board members, and representatives from any and all liability for injury, illness, loss, or damage of any kind that may arise from or occur during my volunteer service, except where caused by gross negligence or willful misconduct on the part of Butterflies Academy. I confirm that the information provided in this application is true and complete to the best of my knowledge.

Signature (type full legal name)

Date

Typing your full name above constitutes your digital signature and agreement to the terms of this waiver.