



Volunteer Application

Email completed form to support@thoughtbubblez.org

All applicants must participate in a background check

First _____ Middle _____ Last _____ Birth Date _____

Address _____ Apt _____ City _____ State _____ Zip _____

Home Phone# (____) _____-_____ Email _____

Cell Phone # (____) _____-_____ text messages Yes ☐ No ☐

Which areas are you interested in? (Check all that apply)

- ☐ Event Assistance ☐ Admin/Clerical ☐ Social Media/Marketing
☐ Arts & Crafts ☐ Tech Support
☐ Other: _____

What Days and Time are you available

Do you have any special skills or certifications?

Monday _____ - _____
Tuesday _____ - _____
Wednesday _____ - _____
Thursday _____ - _____
Friday _____ - _____
Sat _____ - _____

Languages Spoken (if any other than English): _____

Background Check

☐ I consent to a background check as required _____
Initial

Agreement

☐ I certify that the information provided is accurate. I understand that volunteering is at the discretion of Thought Bubblez, Inc and I agree to abide by all policies and guidelines.

Signature: _____ Date: _____

For office use only
Background check date _____ Interview completed date _____
Start date _____ Position _____