

VOLUNTEER APPLICATION



Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail: _____ Fax #: _____

Gender: Male Female

Name of Salon (if applicable): _____

Why are you interested in volunteering for Strands for Stars? _____

Strands for Stars utilizes volunteers in many areas. What are your interests? [check all that apply]

- Hair/Wig Stylist Make-up/Skin care Stylist Fashion Stylist
 Special Events Office/Clerical

Please list previous volunteer experience: _____

List experience or skills that relate to your volunteer interests: _____

What experience have you had with individuals that are dealing with cancer? _____

Are you willing to travel if your time and talent is needed? _____

When you are available to volunteer (weekdays, weekends, evenings)? _____

References (do not list relatives):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Have you ever been convicted of a crime other than a traffic violation? Y N

If yes, please explain: _____

I understand that Strands for Stars reserves the right to accept or reject my application in its sole discretion and that the above statements made in this application are true. INITIALS_____

Stylists: I understand that I will not solicit payment of any kind for the services rendered to any Strands for Stars clients. All services provided to Strands for Stars clients are provided as an in-kind donation and there is no monetary compensation arrangement between Strands for Stars and its volunteer stylists. INITIALS_____

I AUTHORIZE STRANDS FOR STARS TO CONDUCT A CRIMINAL RECORD SEARCH TO VERIFY MY SUITABILITY FOR VOLUNTEER SERVICES. INITIALS_____

Print Name:_____

Signature:_____

Date:_____