

B.Y.R.D.

Behavioral Youth Resource Development

B.Y.R.D. House Inc. Volunteer Application Form

Thank you for your interest in B.Y.R.D. House Inc. Knowing your skills, interests, and available hours will help us find the best assignment for you. Please fill out this form as completely as possible. The Reference forms must be filled out by two references and turned in directly to B.Y.R.D. House Inc. Your application will not be considered until two reference forms have been received.

Date _____

Name _____ Gender M/F
Last First Middle

Date of Birth ____/____/____ Age _____ SSN ____/____/____

Telephone (____) _____ (____) _____ (____) _____
Home Cell Work

Mailing Address _____

Email Address _____

How were you referred to B.Y.R.D. House Inc.? _____

If court ordered community service, how many hours to be completed? _____

Are you presently a student? Yes _____ No _____ If yes, where _____

Major: _____

Are you presently employed? Yes _____ No _____ If yes, where _____

Occupation _____

Current (or most recent) employer's name and address _____
_____ Phone _____

Accomplishments: _____

Hobbies / Interest:

What experience do you have working with children? _____

Why do you want to volunteer with B.Y.R.D. House Inc.?

What previous volunteer experience do you have? _____

What special skills, training, or experience do you have related to this volunteer opportunity?

B.Y.R.D. House Inc. requests that you commit to no less than one hour, once a week, for three to six months. We will set up an ongoing weekly schedule. Please circle the day(s) and write the time you would like to volunteer.

Please mark all that apply:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning _____ Afternoon _____ Evening _____

Mark the group(s) you would like to work with:

Girls ages 6-10 _____
Girls ages 11-15 _____
Girls ages 16-21 _____
Adults _____

Boys ages 6-10 _____
Boys ages 11-15 _____
Boys ages 16-21 _____
Seniors _____

Which volunteer position(s) are you interested in? If interested in more than one, please number them in the order you prefer.

_____ Mentor _____ Tutor _____ Information Management/Technology
_____ Spiritual Enrichment _____ Recreation & Activities _____ Facilitating
_____ Administrative Support _____ Other-Please describe _____

How did here about the B.Y.R.D. House Inc.? Please circle and detail all that apply.

Newspaper _____ Flyer _____
Religious Organization _____ Friend _____
School/Career Center _____ Volunteer Fair _____
Internet/Website _____ Other _____

In case of an emergency contact:

Name _____ Relationship _____
Address _____ Phone _____
Personal Physician: _____ Phone: _____

Disclosure (voluntary)

B.Y.R.D. House Inc. seeks to recruit and maintain a diverse group of volunteers. Diverse backgrounds include but are not limited to race, gender, age, color creed, marital status, gender, disability, national origins, and socioeconomic status. Disclosure in voluntary and not required for participation.

Gender _____ Are you an individual with a disability? Yes No
What is your disability? _____

Racial or ethnic group. Please circle one or more if applicable:

American Indian Asian or Pacific Islander African American
Multiracial Caucasian Hispanic
Other _____

Validation

All of the information in this application is true to the best of my knowledge. I authorize investigation of all information contained hereon. I understand that my misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of any consideration or termination of service without notice. I understand B.Y.R.D. House Inc. is a drug free workplace. I further understand that B.Y.R.D. House Inc. has implemented a drug free workplace policy and that adherence and consent to this policy is a condition of service in this program. If I am offered a position with B.Y.R.D. House Inc. volunteer program, I understand that either B.Y. R. D. House Inc. or I will have the right to terminate this relationship at any time with our without cause. All applicants must complete a background check and TB testing.

Applicant's Signature _____ Date _____

Email, fax, or mail your complete application to:

B.Y.R.D. House Inc.
P.O. Box 72001, Newnan, GA. 30271
Email: byrdhouse97@yahoo.com , e.byrd@byrdhouse.org
Telephone: 678-423-3200
Fax: (770) 683-3029

REFERENCE FORM

TO THE APPLICANT:

This form should be given to two people who know you well and to whom you are not related. Examples include professional, community-based (volunteer supervisor or community leader) or academic (teacher or professor).

Your reference should complete the form and they may fax, email, or mail back to us.

Applicant's Name

Phone (____) _____ - _____ Cell Phone (____) _____ - _____

Address:

TO THE REFERENCE:

The person named above is applying to volunteer with B.Y.R.D. House Inc. in Newnan Georgia. If selected he or she will work directly with children and or adults as a mentor, tutor, activity facilitator or numerous therapies to help the growth of our participants. For most positions, the volunteer will be working directly under supervision of staff. The volunteer needs to be a positive role model in the life of children and adults who need stable, healthy relationships with adults.

Please appraise the applicant's assets and limitations in regard to the goals and conditions of B.Y.R.D. House Inc. Feel free to make any additional comments on this form and to attach additional sheets if necessary. Your input is greatly appreciated.

PLEASE TYPE OR PRINT CLEARLY:

Name

Position/Title

Organization/Institution

Address

Email:

How long have you known the applicant?

In what capacity have you known the applicant?

_____ Job Supervisor/Employer
_____ College Instructor
_____ Other (specify):

_____ Clergy
_____ Coach

_____ High School Student
_____ Volunteer Supervisor

1. What three words best describe this applicant?

2. Please rate the following qualities of the applicant?

1=Needs Improvement 2=Below Average 3=Average 4=Above Average
5=Excellent

Dependability	1	2	3	4	5
Ability to take initiative	1	2	3	4	5
Communication skills	1	2	3	4	5
Independence	1	2	3	4	5
Ability to work with minimal supervision	1	2	3	4	5
Ability to resolve conflict	1	2	3	4	5
Ability to work as a member of a team	1	2	3	4	5
Maturity	1	2	3	4	5
Independence	1	2	3	4	5
Responsibility	1	2	3	4	5

3. Please describe any interactions you have seen between the applicant and youth and/or adults.
How do they relate and interact with them?

4. Please describe the applicant's strengths.

5. Please describe the applicant's weaknesses.
