

# Volunteer Service Application

For individuals interested in serving at a national Bahá'í schools for longer than three months, please complete and return to the Volunteer Services Coordinator at [byscschools@usbnc.org](mailto:byscschools@usbnc.org).

**Volunteers must be 18 or older on the date their service term commences**

PERSONAL CONTACT INFORMATION			
Title: Miss Mr. Mrs. Ms.	First Name:	Middle Name(s):	
Family/Surname:		Nickname(s):	
Gender: Male Female	Date of Birth:		
Street Address:		City:	State/Province:
Country:	Zip Code:	Country of Citizenship:	
Do you currently have a visa for entry into the US? Yes No		If you do have a visa, please attach a copy.	
Home Telephone:	Personal Cellphone:	Work Telephone:	
Email Address	Alternate Email Address		
What is your preferred method for us to contact you?	Email	Cellphone	Home phone Work telephone

MEMBERSHIP INFORMATION		
Are you a registered Bahá'í? Yes No	If yes, date of registration	ID number
Community where registered		

DRIVING <small>(For Volunteers 25 years old or older and United States residents only)</small>		
Do you have a valid Driver's License? Yes No	If yes, what type? (auto, chauffer, tractor, truck)	Expiration date:
Can you drive a manual transmission? Yes No		

LANGUAGE PROFICIENCY			
List the languages you read, write and/or speak indicating level of proficiency:			
Language:	Oral:	Limited Adequate Fluent	
	Written:	Limited Adequate Fluent	
Language:	Oral:	Limited Adequate Fluent	
	Written:	Limited Adequate Fluent	
Language:	Oral:	Limited Adequate Fluent	
	Written:	Limited Adequate Fluent	

TERM OF SERVICE	
Have you applied for or served at the American national Bahá'í schools/institutes previously? Yes No	
If yes, under what name? (First, Middle, Last)	If yes, what year did you previously apply/serve?
What date will you be available to serve?	What length of time are you available to serve?
If there are no vacancies in the month you are available, would you be available later?	

Although we cannot guarantee placement in your preferred location, we will try to honor your preference if possible.

Identify your service location interests by numbering the locations 1-3 in order of preference (1 being first choice, 3 being last choice) in the box in front of each school name:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Bosch Bahá'í School in Santa Cruz, California (visit <a href="http://www.bosch.org">www.bosch.org</a> )     |
| <input type="checkbox"/> | Green Acre Bahá'í School in Eliot, Maine (visit <a href="http://www.greenacre.org">www.greenacre.org</a> )  |
| <input type="checkbox"/> | Louhelen Bahá'í School in Davison, Michigan (visit <a href="http://www.louhelen.org">www.louhelen.org</a> ) |

ALL VOLUNTEERS MUST BE COVERED BY MEDICAL INSURANCE DURING THEIR TERM OF SERVICE.
If you currently have coverage, please provide:
Name of Insurance Company: Policy Number:
A photocopy of your medical insurance card (front and back) will be required prior to arriving for your service term.
If you currently are without coverage, temporary coverage may be purchased and proof provided upon your arrival. Do not purchase coverage until you have been invited by school administrators to serve and the dates of your service term confirmed. For international applicants, do not purchase coverage until you have been invited and obtained a visa.

MEDICAL
Service at the Bahá'í schools and institutes can be physically and mentally challenging. All volunteers serving 3 or more months must submit a physical examination form completed by a licensed physician upon their arrival for service. Form will be provided later in the process.
Your general health is: Excellent Good Fair Poor
Our campuses are smoke free. Do you smoke? Yes No
If yes, would you be willing to quit during the length of your service term? Yes No
Please describe any health restrictions or chronic ailments, which would affect your ability to serve or restrict the areas of service, which you might perform? For example: dietary restrictions, sensitivity to climate, allergies, limits for physical exertion, back problems, bleeding disorders, migraine headaches, depression, attention deficit disorders, bipolar disorder, etc.
Please list all medications you are currently taking:

**FINANCES**

Volunteers are responsible for financing their own personal expenses with the exception of lodging and meals. Personal expenses include transportation to and from the service location, medical insurance coverage during the service term, and personal spending money (leisure activities, personal toiletries, any meals outside the school/institute, etc.).

Will you have adequate funds to cover these costs?    Yes    No

If not, would you like to apply for assistance with your personal expenses?    Yes    No

Some partial funding is available to assist applicants aged 18-25 who are residents of the United States. Unfortunately, due to visa restrictions, we are unable to pay for personal expenses of individuals from outside the United States.

Please attach your curriculum vitae/résumé. If it is not available, please complete the following information, listing all employment for the past 5 years, including volunteer work, apprenticeships, temporary or summer jobs, etc. Attach additional pages if necessary.

**WORK EXPERIENCE**

<b>Job Title</b>			<b>Dates of Employment:</b>		
			<b>From:</b>		<b>To:</b>
<b>Name of Employer</b>			<b>Nature of Work</b>		
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Country</b>		<b>Telephone</b>		<b>Email Address</b>	
<b>Job Title</b>			<b>Dates of Employment:</b>		
			<b>From:</b>		<b>To:</b>
<b>Name of Employer</b>			<b>Nature of Work</b>		
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Country</b>		<b>Telephone</b>		<b>Email Address</b>	
<b>Job Title</b>			<b>Dates of Employment:</b>		
			<b>From:</b>		<b>To:</b>
<b>Name of Employer</b>			<b>Nature of Work</b>		
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip Code</b>	
<b>Country</b>		<b>Telephone</b>		<b>Email Address</b>	

**EDUCATION**

List education and degree(s) received. Include trade and correspondence courses and apprenticeship programs:

Name/Location of Institution:

Type of educational institution

Dates of Attendance:

From:

To:

Specialization:

Degree/Diploma/Certificate Earned

Name/Location of Institution:

Type of educational institution

Dates of Attendance:

From:

To:

Specialization:

Degree/Diploma/Certificate Earned

**HOBBIES**

Please describe your hobbies:

**BAHÁ'Í EXPERIENCE**

Describe your experienced as a Bahá'í, including the communities in which you have lived, committees, and Assemblies on which you have served, institute programs and/or children's classes you have attended or taught, conferences attended, pioneering, teaching activities, home visits completed, etc. Please indicate dates, if known.

Describe your travel experience and any previous experience with new living environments.

**Emergency Contact Information**  
Please provide at least two people

EMERGENCY CONTACT 1		
Name (First and Last)		Relationship
Street Address		
City	State	Zip Code
Country	Telephone	Additional Telephone

EMERGENCY CONTACT 2		
Name (First and Last)		Relationship
Street Address		
City	State	Zip Code
Country	Telephone	Additional Telephone

EMERGENCY CONTACT 3		
Name (First and Last)		Relationship
Street Address		
City	State	Zip Code
Country	Telephone	Additional Telephone

**REFERENCES**

Volunteers are required to provide three references, two of the three, should be Bahá'ís serving in administrative capacities such as: Local Spiritual Assembly members, Auxiliary Board members, Regional Bahá'í Council members, Continental Counselors, National Spiritual Assembly members, Cluster Institute coordinators, Regional Training Institute coordinators. Former/present tutors and co-tutors also may be identified as references for service applications.

Send the form to your references and advise them to follow the directions for emailing them to our office directly.