



Volunteer Enrollment Form

Name: _____ Date: _____

Volunteer Position: _____

D.O.B. _____ Age: _____ S.S. _____ - _____ - _____

School: _____ Address: _____

Employed: Y/N Employment: _____

Address: _____

Time & Day Availability:

M _____ T _____ W _____ TH _____ F _____ SAT _____ SUN _____

Give a description of why you feel you would fit for this volunteer position: (include any experience within the Entertainment Industry)

Sign: _____ Date: _____

By signing all statements are true above

If minor Name of Guardian/ Parent: _____

Guardian / Parent Signature: _____ Date: _____

*****DO NOT WRITE BELOW THIS LINE*****

Program: _____ Start Date: ____ / ____ / ____ Program Term: _____

Position Assigned: _____ Prospective Date of Completion: __/__/____
Supervisor Approval: _____ Director Approval: _____
Notes: _____

The NEXT Branding & **B. S.A.F.E.** *"Be Safe Atmosphere for Entertainment"*
(CA 501 (c) (3) in Global Expansion
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