



## VOLUNTEER APPLICATION

Black Excellence Community, Inc. encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. **Once complete please email this form to [info@blackexcellencecommunity.com](mailto:info@blackexcellencecommunity.com)**

Thank You for your interest in our organization!

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any special talents or skills you have that you feel would benefit our organization?  
\_\_\_\_\_

Please tell us in which areas you are interested in volunteering.

_____ Administrative	_____ Scholarship Committee
_____ Programs	_____ Community Events
_____ Gala Committee	_____ Wherever is needed most

Please circle availability:

MON TUES WED THURS FRI SAT

Times available:

From: \_\_\_\_\_ To: \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

In case of emergency contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

Are you 18 year or older? Yes No

**If you are not 18 years or older a parent or guardian will need to consent to your participation.**

As a volunteer of The Black Excellence Community, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees, and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent and/or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent and/or Guardian

\_\_\_\_\_  
Parent and/or Guardian Contact Number