VOLUNTEER APPLICATION

Applicant Information...

Title: _____

Last Name: ___________________________ First Name: _____________________________

Street Address: __________________________________________________________________

City _____________________________ State: _____________________________

Zip Code: _____________

Home Phone Number: _______________ Cell Phone Number: _______________

Email: _____________________________ Occupation: _____________________________

Applicant Areas of Interest...

Please check your area(s) of interest-

Guide ___ Greeter ___ Gardener ___

Professional Background: ________________________________________________________

Educational Background: _________________________________________________________

Special Skills: {Foreign language, signing for the deaf, art, other}

______________________________________________________________________________

Hobbies/Interests: ______________________________________________________________

______________________________________________________________________________
Previous volunteer experience: _____________________________________________________
____________________________________________________________________________
____________________________________________________________________________
How did you hear about Volunteer Opportunities at Bellefontaine Cemetery & Arboretum?
____________________________________________________________________________
____________________________________________________________________________

Availability...

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____
Saturday _____ Sunday _____

Emergency Contact Information...

Name: ___________________________ Relationship: _________________________

Phone Number: ____________________

By my participation in the Bellefontaine Cemetery and Arboretum volunteer program, I agree to adhere to bylaws and all regulations set forth. I further agree, whenever possible and as needed, to serve as a volunteer to promote goodwill within the community, and to check, revise, and expand my information and knowledge of the cemetery as is appropriate to promote the interest. I understand that my being accepted into the volunteer program is subject to a personal interview(s) and completion of training and testing.

X ______________________________________________________ Date ______________

Please return completed form to:

Bellefontaine Cemetery
Attn: Volunteer Coordinator
4947 West Florissant Avenue
St. Louis, MO 63115