



**BRAYDEN ALEXANDER GLOBAL  
FOUNDATION FOR HYDRANENCEPHALY, INC.  
DBA GLOBAL HYDRANENCEPHALY FOUNDATION**

OUR ORGANIZATION 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. THANK YOU FOR YOUR INTEREST IN SUPPORTING OUR MISSION THROUGH THE DONATION OF YOUR TIME, TALENT, AND/OR SKILLS.

**VOLUNTEER APPLICATION**

\*COPY OF YOUR GOVERNMENT-ISSUED PICTURE IDENTIFICATION MUST BE SUBMITTED WITH COMPLETED APPLICATION\*

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS: \_\_\_\_\_  
STREET APT #

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ TEXT? YES ☐ NO ☐ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ TIME EMPLOYED: \_\_\_\_\_

SUPERVISOR NAME & CONTACT INFO: \_\_\_\_\_

MAY WE CONTACT THIS INDIVIDUAL FOR REFERENCE (IF NOT, EXPLAIN WHY): \_\_\_\_\_

PREVIOUS EMPLOYER: \_\_\_\_\_ TIME EMPLOYED: \_\_\_\_\_

SUPERVISOR NAME & CONTACT INFO: \_\_\_\_\_

MAY WE CONTACT THIS INDIVIDUAL FOR REFERENCE (IF NOT, EXPLAIN WHY): \_\_\_\_\_

HIGHEST LEVEL OF EDUCATION COMPLETED: \_\_\_\_\_

PLEASE TELL US ABOUT ANY SPECIAL SKILLS OR TALENTS: \_\_\_\_\_

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PLEASE SHARE YOUR PREVIOUS VOLUNTEER EXPERIENCES HERE (NAME & LOCATION OF ORGANIZATION, POINT OF CONTACT, CONTACT INFORMATION):

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PLEASE CIRCLE EACH OF THE FOLLOWING AREAS YOU ARE INTERESTED IN VOLUNTEERING:

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ADMINISTRATION	VIDEOGRAPHY	CHILD-LOSS MEMORIALS
BOOKKEEPING	GRANT-SEEKING	BOARD OF DIRECTORS
FUNDRAISING	SHIPPING	DONATION CAMPAIGNING
EVENT PLANNING	SPECIFIC PROGRAMMING (SHARE YOUR IDEAS IN THE SPACE BELOW)	
MARKETING	COMMUNICATIONS	LEGAL SUPPORT
SOCIAL MEDIA: FACEBOOK TWITTER INSTAGRAM YOUTUBE OTHER		
ADVOCACY	PRO BONO SKILLS	AWARENESS
TRANSLATOR (LIST LANGUAGES SPOKEN)		

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PLEASE SHARE ANY ADDITIONAL TRAINING OR EXPERIENCE IN THE AREAS CHOSEN OR OTHER SPECIFIC VOLUNTEER INTERESTS HERE:

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PLEASE INDICATE DAYS & TIMES AVAILABLE:

MONDAY: TUESDAY:

WEDNESDAY: THURSDAY:

FRIDAY: SATURDAY:

SUNDAY:

DURATION OF VOLUNTEER SERVICES (CHOOSE ALL THAT APPLY):

\_\_\_ SHORT-TERM (6-12 MONTHS) \_\_\_ LONG-TERM (1 YEAR OR MORE) \_\_\_ SPECIAL PROJECT (TIME DEPENDS UPON DURATION OF PROJECT \_\_\_ ONE-TIME (SPECIFIC EVENT/ACTIVITY REQUIRING LIMITED AMOUNT OF TIME COMMITMENT) \_\_\_ ON-CALL (TO FILL IN SPECIFIC NEEDS) \_\_\_ OTHER:

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**IF YOU ANSWERED YES, PLEASE DESCRIBE ALL CONVICTIONS, WHEN THEY OCCURRED, THE FACTS AND CIRCUMSTANCES INVOLVED, AND INFORMATION PERTAINING TO REHABILITATION.**\_\_\_\_\_

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**REFERENCES: LIST TWO PEOPLE OTHER THAN RELATIVES WHO WOULD BE WILLING TO SERVE AS PERSONAL REFERENCES.**

**1.**

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NAME TELEPHONE NUMBER

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STREET ADDRESS CITY STATE ZIP CODE

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E-MAIL ADDRESS

**2.**

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NAME TELEPHONE NUMBER

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STREET ADDRESS CITY STATE ZIP CODE

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EMAIL ADDRESS

**STATEMENT OF UNDERSTANDING: I CERTIFY THAT ALL INFORMATION IS TRUE AND HAS BEEN GIVEN VOLUNTARILY. I UNDERSTAND THAT THIS INFORMATION MAY BE DISCLOSED TO ANY PARTY WITH LEGAL AND PROPER INTEREST. I RELEASE THE AGENCY FROM ANY LIABILITY WHATSOEVER FOR SUPPLYING SUCH INFORMATION.**

**I UNDERSTAND THAT I MUST BE AT LEAST 15 YEARS OF AGE TO VOLUNTEER AT GLOBAL HYDRANENCEPHALY FOUNDATION AND IF I AM UNDER THE AGE OF 18 YEARS OF AGE AND/OR ATTENDING HIGH SCHOOL I WILL NEED PARENTAL CONSENT.**

**UPON BEING OFFERED A VOLUNTEER POSITION, I UNDERSTAND THAT I MAY BE REQUIRED TO PROVIDE ADDITIONAL INFORMATION PERTINENT TO THE POSITION FOR WHICH APPLIED.**

**AS A VOLUNTEER, 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.**

**SIGNED:\_\_\_\_\_DATE:\_\_\_\_\_**

**PARENT SIGNATURE (FOR MINOR):\_\_\_\_\_**