



BCDI
Black Child Development Institute
GREENSBORO



Volunteer Enrollment Form

Name: _____ Date of Birth: ____/____/____
 E-Mail: _____
 Current Local Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (Home) _____ (Cell) _____ (Other) _____
 Employer: _____

The Black Child Development Institute of Greensboro, Inc. (BCDI-G) welcomes volunteers from the entire community. BCDI-G utilizes skills and knowledge of persons from various backgrounds, experiences and professions. Orientation is provided, and required, for all volunteers.

I would like to volunteer _____ hour (s) per week. My day(s)/hour(s) of availability are (Please check all that apply):

Monday__	Tuesday__	Wednesday__	Thursday__
3:00-4:00	3:00-4:00	3:00-4:00	3:00-4:00
4:00-5:00	4:00-5:00	4:00-5:00	4:00-5:00
5:00-6:00	5:00-6:00	5:00-6:00	5:00-6:00
6:00-7:00	6:00-7:00	6:00-7:00	6:00-7:00

Days should follow either a Monday/Wednesday schedule or a Tuesday/Thursday schedule.

I would like to volunteer in the following way (s):

Tutor One-Time Event
 Assist in the Office (List skills below) Other (Specify below)

For clerical volunteers, please list pertinent skills (computer, foreign language, office, etc.):

Please indicate other ways you would like to volunteer:

How did you hear about The Black Child Development Institute of Greensboro, Inc. ?

Agency Fair Volunteer or Job Fair Flyer
 Newspaper Radio Internet
 BCDI-G Volunteer AmeriCorps Member Other



The following section is optional:

Gender

- Male
- Female

Age

- Under 17
- 18-59
- 60 and older

Ethnicity (You may check more than one.)

- White
- Black or African American
- Hispanic
- Asian
- Pacific Islander
- Native American
- Other _____

I give permission to The Black Child Development Institute of Greensboro, Inc. to take pictures for promotional purposes.

Signature: _____ Date: _____

Revised: 10/2013