

Membership Application

Bands of Hope

P.O. Box 850442
Richardson, TX, 75085
www.bands of hope.org

Contact Information

Name

Street Address

City ST ZIP Code

Home Phone

Work Phone

E-Mail Address

Availability

During which hours would you be available for volunteer assignments on behalf of Bands of Hope?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering.

- ☐ Events Planning/Coordination Committee
- ☐ Fundraising/Sponsorship Coordination Committee
- ☐ Marketing/Advertising (print, radio, television, social media) Committee
- ☐ Membership Committee
- ☐ Technology Committee (knowledge of software and websites)
- ☐ Ticket Sales Committee
- ☐ Vendor Booth Coordination Committee
- ☐ Venue Décor/Table Décor/Design Committee
- ☐ Volunteers Coordination Committee

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies.

Previous Membership Experience

Summarize your previous association or membership in non-profit organizations.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that as a member of Bands of Hope, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of Bands of Hope non-profit 501(c)(3) organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in membership with us. Please mail or email your completed application to the address above, attention Mona Baker, Secretary.