

BATTLE CREEK COMMUNITY FOUNDATION
AND ITS SUBSIDIARIES



Ambassador Volunteer Information Form

| VOLUNTEER INFORMATION (PLEASE PRINT LEGIBLY) | | | |
|---|---|--|------|
| Last Name | First | M.I. | Date |
| Street Address | | Apartment/Unit # | |
| City | State | ZIP | |
| Phone | E-mail Address | | |
| Date of Birth | Gender (used for statistical purpose only) | Ethnicity (used for statistical purpose only) | |
| Days/Times you are available to volunteer | | | |
| | | | |
| SKILLS PROFILE | | | |
| Please state your interest in becoming a volunteer for the Battle Creek Community Foundation: | | | |
| | | | |
| What skills or talents do you feel you can offer to help lead the Community Foundation? | | | |
| | | | |
| Are there any community issues you feel passionate about? | | | |
| | | | |
| In 15 words or less, what does volunteering mean to you? | | | |
| | | | |

Based upon your prior (or current) employment or volunteer experience, please share the work you did and what you preferred doing so we can help identify positions that match our volunteer needs with your personal experience and preferences.

What was the most positive aspect of your previous volunteer work?

What was the most difficult aspect of your previous volunteer work?

Do you have any community connections or experience that you feel would strengthen the work of the Community Foundation?

REFERENCES

Please list two references (one personal and one professional).

Full Name

Relationship

Company

Phone ()

Address

Full Name

Relationship

Company

Phone ()

Address

WHAT COMMITTEES ARE YOU INTERESTED IN SERVING ON: (CHECK ALL THAT APPLY)

- BCCF Board of Trustees
- Burnham Brook Community Center Title Holding Corporation Board of Directors
- Battle Creek College Access Network Board of Directors
- Regional Health Alliance Issue Action Group
 - RHA Leadership Cabinet
 - Maternal & Infant Health Commission
 - School Wellness Advisory Program
 - Access To Care
 - Choose Health Calhoun
 - Teen Pregnancy Prevention
 - Advancing Clinical Education
 - Health Equity Alliance
- Nominating Committee
- Audit Committee
- Finance & Investment Committee
- Philanthropic Development Committee
- Marketing & Communication Committee
- Neighborhood Grant Review Committee
- Youth Alliance Committee
- Livable Community Innovative Grantmaking Committee
- Health Oversight Committee
- Fund for Battle Creek Grant Review
- Glen Cross Arts & Culture Grant Review
- William G & Marion E Stuckle Advisory Committee
- Health Grantmaking Committee
- Scholarship Policy Oversight Committee
- Scholarship Committee
- Scholarship Committee-Specific (please list) _____
- Other _____

Are you interested in volunteering at a special event hosted by BCCF or our affiliates? (If yes, please list desired event if known)

Are you interested in volunteering at the Community Foundation Office

Did someone refer you to us? YES NO

If YES, please tell us who _____

DISCLAIMER AND SIGNATURE

PLEASE READ THIS SECTION CAREFULLY

The **BATTLE CREEK COMMUNITY FOUNDATION** is an equal opportunity organization. Applicants are considered for volunteer opportunities without regard to race, color, national origin, religion, sex, age, sexual orientation, disability, citizenship status, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. The Battle Creek Community Foundation will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities.

The **Battle Creek Community Foundation** is committed to selecting volunteers based on their character, ethics, interest and ability to participate in our program opportunities.

I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary in arriving at a volunteer decision. In making this application to volunteer, I understand that information may be obtained through interviews with the personal references and past employers. This inquiry may include information as to my character, general reputation, and personal characteristics, as well as information about my workplace conduct. I consent to this review and to the consideration of any statements of references or former employers that are given in response to the inquiry.

I hereby release all parties, including the **Battle Creek Community Foundation**, personal references, and previous employers from liability for any injury or damage that may result from their furnishing information concerning me or any action the **Battle Creek Community Foundation** takes on the basis of such information.

Signature

Date