

I Have Read the [BYS Policies](#) and I Agree With the Policies Yes _____ No _____



Volunteer Application

Contact Information

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

Event Day Availability

During which hours are you available for volunteering?

- | | | |
|---|---|---|
| <input type="checkbox"/> Morning: Day 1 | <input type="checkbox"/> Morning: Day 2 | <input type="checkbox"/> All Day: Day 1 |
| <input type="checkbox"/> Afternoon: Day 1 | <input type="checkbox"/> Afternoon: Day 2 | <input type="checkbox"/> All Day: Day 2 |
| <input type="checkbox"/> Evening: Day 1 | <input type="checkbox"/> Evenings: Day 2 | <input type="checkbox"/> All Day: Day 1 and 2 |

Volunteer Interests

Tell us in which areas you are interested in volunteering

- Team Check-in
- Concessions
- Commentating
- Score Keeping
- Team Liaison
- Entertainment Assistance
- Medical Assistance
- Ticket Collection and Sales
- Event Coordination

Special Skills or Qualifications

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

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Volunteer Expectations

Summarize your volunteer expectations (i.e.: receiving class credit, gaining event planning knowledge, etc.)

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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 if I am accepted as a volunteer, 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

Thank you for completing our Application for Volunteers. To submit your information, please use one of the following methods:

- Email this application to: walterw3@BrighstarYouth.org (Subject: BYS - Basketball Madness Volunteers)
- Fax this Application to: (301) 952-8677 - (Subject: BYS - Basketball Madness Volunteers)
- Postal Service (Please allow additional time for processing) -
To: Brightstar Youth Service - Basketball Madness Volunteers, 11502 Polaris Dr, Upper Marlboro, MD, 20774

Upon receipt and processing a BYS Representative will contact you with additional information.
If you experience any problems, contact BYS directly: walterw3@BrighstarYouth.org