



BlanketAid Foundation Employment & Volunteer Application-Become A Champion!

Thank you for your interest in joining the BlanketAid Foundation! Please complete this form to apply for a paid or volunteer position. Your responses will help us assess your qualifications and align you with roles that suit your skills and availability.

Position Applying For:

☐ Employment ☐ Volunteer

Position Title (if applicable): _____

Applicant Information

- Full Name: _____
 - Date of Birth: _____
 - Address: _____
 - City: _____ State: _____ Zip Code: _____
 - Phone Number: _____
 - Email Address: _____
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Employment/Volunteer Availability

Are you applying for:

☐ Full-Time ☐ Part-Time ☐ Internship ☐ Volunteer Only

Days and Hours Available:

Monday: _____ to _____

Tuesday: _____ to _____

Wednesday: _____ to _____

Thursday: _____ to _____

Friday: _____ to _____

Saturday: _____ to _____

Sunday: _____ to _____



How soon are you available to start? _____

Education and Qualifications

Highest Level of Education Completed:

☐ High School ☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctorate ☐ Other

Field of Study: _____

Certifications or Relevant Training:

Experience and Skills

Relevant Work or Volunteer Experience (List most recent first):

Organization/Company: _____

Position Title: _____

Dates of Employment/Service: _____

Key Responsibilities:

Organization/Company: _____

Position Title: _____

Dates of Employment/Service: _____

Key Responsibilities:

Organization/Company: _____

Position Title: _____

Dates of Employment/Service: _____

Key Responsibilities:



(Add additional experiences if necessary)

1. Skills and Qualifications (Check all that apply):

- ☐ Customer Service
- ☐ Event Planning
- ☐ Counseling and Support Services
- ☐ Fundraising and Development
- ☐ Financial Literacy and Budgeting
- ☐ Social Media and Marketing
- ☐ Community Outreach
- ☐ Program Management
- ☐ Other (Please specify): _____

References

Please provide contact information for two references who are familiar with your professional or volunteer experience.

1. **Reference Name:** _____
Relationship to Applicant: _____
Phone Number: _____
Email Address: _____
2. **Reference Name:** _____
Relationship to Applicant: _____
Phone Number: _____
Email Address: _____

Additional Information

1. **Why are you interested in working/volunteering with BlanketAid Foundation?**
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2. **Do you have any physical limitations or conditions that may require special accommodations?**

☐ Yes ☐ No

If yes, please describe: _____

Emergency Contact

- **Full Name:** _____
- **Relationship:** _____
- **Phone Number:** _____

Consent and Signature

By signing below, I certify that all information provided in this application is true and complete to the best of my knowledge. I authorize BlanketAid Foundation to verify my references, screen background, and any other information provided. I understand that misrepresentation or omission of information may disqualify me from consideration or result in termination if hired or accepted as a volunteer.

Signature: _____

Date: _____

Submission Instructions

1. **Download and complete** this application.
2. Submit the completed form through the **Join The Mission** section on our website. Attach a resume or any additional supporting documents.
3. Applications will be reviewed in the order received. You will be contacted within **10 business days** to confirm receipt and schedule an interview if applicable.

Thank you for your interest in BlanketAid Foundation! We look forward to the possibility of working together to make a positive impact in our community.