



VOLUNTEER FORM

Mail to:
Bucket List Foundation
10810 N. Tatum #102-108 Phoenix, AZ 85028

OR

Email to:
volunteers@bucketlistfoundation.org

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

Date of Birth: _____

Education
Information: _____

Current
Occupation: _____

Do you possess a fingerprint clearance card? (circle one) Yes No

Tell us about yourself: _____

What's on your Bucket List? _____

What are your hobbies, skills, interests? _____

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What in life are you most passionate about? _____

Do you have any specific experience in working with terminally ill senior citizens? (circle one)

Yes No

If yes, please explain: _____

Do you have any medical training or background? (circle one) Yes No

If yes, please explain: _____

We have many opportunities available for volunteering with our foundation which include working directly with our terminally ill seniors in granting wishes, indirectly in assisting with the many tasks associated with granting wishes, community outreach and fundraising opportunities. It is important to us that your time, talent, and passion be purposely matched to create a healthy and positive experience for all. In what area do you feel you would be best served?

Amount of time willing to donate to Bucket List Foundation

(for example: 5 hours/week, 1 event/month): _____

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How did you find out about Bucket List Foundation? _____

We know there are many charitable organizations to which you could donate your time and resources. What motivates you to volunteer with Bucket List Foundation?

Please provide 3 references:

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Name: _____

Phone: _____

Email: _____

Thank you for completing our Volunteer Form!