



**BEAUTY BUS FOUNDATION**  
**VOLUNTEER APPLICATION**

**Please return completed application to Beauty Bus Foundation**  
**via one of the following:**

**Mail: 11301 Olympic Blvd. #303, Los Angeles, CA 90064**

**Fax: 310-287-1271**

**Email: [beauty@beautybus.org](mailto:beauty@beautybus.org)**

**Thank you for your interest in volunteering with the Beauty Bus Foundation!!  
Volunteers are the heart of our organization and allow us to bring beauty home to  
our clients.**

**There are three primary ways to volunteer. Please check how you are interested in  
volunteering:**

\_\_\_\_\_ **Beauty Professionals:** Licensed hairdressers, nail technicians, estheticians  
and make up artists perform Beauty Bus treatments.

\_\_\_\_\_ **Beauty Buddies:** Non-beauty professionals accompany Beauty Professionals  
on home visits. Beauty Buddies are the liaisons between clients, Beauty Professionals  
and Beauty Bus Foundation, and help to recreate a salon or spa environment on a visit.

\_\_\_\_\_ **Bus Drivers:** Office, event and fundraising volunteers help drive the  
necessary work that keeps Beauty Bus going.

**Today's Date:** \_\_\_\_\_

\_\_\_\_\_ **First Name**                      \_\_\_\_\_ **Middle**                      \_\_\_\_\_ **Last Name**

\_\_\_\_\_ **Mailing Address**

\_\_\_\_\_ **City**                                      \_\_\_\_\_ **State**                                      \_\_\_\_\_ **Zip Code**

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( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
**Home Number Work Number**

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
**Cell Phone/Pager FAX**

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_ **Male** \_\_\_ **Female**

**Occupation:** \_\_\_\_\_ **Employer (if applicable):** \_\_\_\_\_

**How long have you been with your current employer?** \_\_\_\_\_

**Language(s) spoken:** \_\_\_\_\_

**Have you ever been convicted of a felony?** \_\_\_ **Yes** \_\_\_ **No**  
**If Yes, please explain:** \_\_\_\_\_

**Do you have access to reliable transportation to perform your volunteer work?**  
\_\_\_ **Yes** \_\_\_ **No**

**Do you have a valid California driver's license?** \_\_\_ **Yes** \_\_\_ **No**  
**If Yes, please give the license number:** \_\_\_\_\_

**Do you have automobile liability insurance?** \_\_\_ **Yes** \_\_\_ **No**  
**IF YES, PLEASE ATTACH A COPY AND PROVIDE THE FOLLOWING:**  
**Provider:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_  
**Coverage limits?** \_\_\_\_\_

**Are you comfortable traveling to clients' homes with another volunteer?**  
\_\_\_ **Yes** \_\_\_ **No**

**Why are you interested in becoming a Beauty Bus volunteer?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What skills, talents or interests do you have that could apply to working as a volunteer with Beauty Bus?**  
\_\_\_\_\_  
\_\_\_\_\_

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Do you have any allergies that would affect your ability to provide Beauty Bus services in certain homes (e.g. pet allergies)?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any communicable diseases or other conditions that could affect your ability to perform Beauty Bus volunteer services?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**BEAUTY PROFESSIONALS ONLY:**

Are you a licensed beauty professional?  Yes  No

If yes, what is your license number? (PLEASE ATTACH A COPY)

\_\_\_\_\_

Do you currently carry malpractice insurance?  Yes  No

NOTE: BEAUTY BUS CARRIES INSURANCE FOR VOLUNTEERS.  
IF YES, PLEASE ATTACH A COPY AND PROVIDE THE FOLLOWING:

Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

Coverage limits? \_\_\_\_\_

What beauty and grooming services can you provide?

**APPOINTMENT TIME AVAILABILITY**

Please check all times and days you are generally available to provide Beauty Bus services. Beauty Bus tries to match client requests with volunteer availability.

**Mondays**  Morning  Afternoon  Evening

**Tuesdays**  Morning  Afternoon  Evening

**Wednesdays**  Morning  Afternoon  Evening

**Thursdays**  Morning  Afternoon  Evening

**Fridays**  Morning  Afternoon  Evening

**Saturdays**  Morning  Afternoon  Evening

**Sundays**  Morning  Afternoon  Evening

**SERVICE AREAS**

**Please check the service areas where you are generally able to provide services. Please note that Beauty Bus volunteers do not have to travel more than 5 miles from their home or place of business.**

\_\_\_\_\_ North Valley (e.g. Canoga Park, Chatsworth, Northridge, Reseda)

\_\_\_\_\_ Valley (e.g. Encino, Sherman Oaks, Tarzana, Woodland Hills)

\_\_\_\_\_ East Valley (e.g. North Hollywood, Valley Village, Burbank)

\_\_\_\_\_ West Los Angeles (e.g. Brentwood, Bel Air, Santa Monica, Pacific Palisades, Westwood)

\_\_\_\_\_ Beverly Hills/ Cheviot Hills/ Culver City/ Palms

\_\_\_\_\_ Mid-Los Angeles (e.g. Hollywood, Hancock Park, Koreatown, Mid-City)

\_\_\_\_\_ Echo Park/ Los Feliz/ Silver Lake

**REFERENCES**

**#1**    **Name:** \_\_\_\_\_    **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_    **Email:** \_\_\_\_\_

**#2**    **Name:** \_\_\_\_\_    **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_    **Email:** \_\_\_\_\_

**#3**    **Name:** \_\_\_\_\_    **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_    **Email:** \_\_\_\_\_

**VOLUNTEER COMMITMENT**

I, \_\_\_\_\_, am committed to the mission of the Beauty Bus Foundation, to enhance the quality of life for homebound, chronically and terminally ill people and their primary caregivers by bringing beauty into their lives. Beauty Bus provides at-home beauty and grooming treatments, free of charge, to empower our clients, help them maintain dignity and give them a small departure during a difficult time.

I am committed to participating in a Beauty Bus training.

I will uphold all Beauty Bus policies and practices and ensure that I protect client confidentiality.

Beauty Bus asks Beauty Professionals and Beauty Buddies to commit to doing one visit a month for at least a 12 month period. Beauty Bus asks Office and Administrative Volunteers to commit to a regular schedule for at least a 6 month period or to agree to complete an assigned project.

I understand this commitment and will fulfill my commitments.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION CHECKLIST**

\*\*\*Beauty Bus cannot process your volunteer application without having a complete application.\*\*\*

\_\_\_\_\_ Completed and Signed Volunteer Application (all 5 pages)

\_\_\_\_\_ Copy of Valid Automobile Liability Policy or Insurance Card

**BEAUTY PROFESSIONALS ONLY:**

\_\_\_\_\_ Copy of Valid Beauty License

\_\_\_\_\_ Copy of Malpractice Insurance