

BEAUTY BUS VOLUNTEER APPLICATION



Beauty Bus Foundation
2716 Ocean Park Blvd., Suite 1062
Santa Monica, CA 90405
phone 310.392.0900 | fax 310.392.0907
www.beautybus.org

BEAUTY BUS FOUNDATION
VOLUNTEER APPLICATION

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 hair dressers, nail technicians and estheticians, as well as professional make-up artists, to perform Beauty Bus treatments.

_____ **Beauty Buddies:** Compassionate non-beauty professionals to attend visits and bring smiles and laughter. Beauty Buddies are the liaisons between clients, Beauty Professionals and Beauty Bus Foundation. They help to recreate a salon or spa environment on a visit.

_____ **“Bus” Drivers:** Office, event and fundraising volunteers to help “drive” the necessary work that keeps Beauty Bus going.

Today’s Date: _____

First Name	Middle	Last Name
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Mailing Address

City	State	Zip Code
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Home Number

Work Number

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Cell Phone _____ FAX _____

Email Address: _____

Date of Birth: _____ Sex: Male _____ Female _____

Occupation: _____ Employer: _____

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?

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

How did you hear about us? _____

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 other conditions that could affect your ability to perform Beauty Bus volunteer services? Yes _____ No _____

If Yes, please explain: _____

**REFERENCE GUIDELINES (Forms available on-line at:
<http://www.beautybus.org/volunteers/applications/> or call 310-392-0900)**

- Choose two personal references who are NOT family members.
- References must be people you have known for longer than one year.
- Suggestions for references include employers, other professionals, religious affiliations, neighbors or other volunteer coordinators.
- Send your references the Volunteer Reference Check form via mail, email, fax or hand delivery.
- Ask your references to complete the form and return it to Beauty Bus Foundation as instructed on Reference Check Form.

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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 10 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

BEAUTY PROFESSIONALS ONLY:

Are you a licensed beauty professional? Yes _____ No _____

If yes, license #? (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?

_____ **Haircut, Styling and/or Blow Dry (no hair washing, no color)**

_____ **Facial Treatment (no waxing)**

_____ **Makeup Application**

_____ **Manicure**

_____ **Pedicure**

_____ **Other:** _____

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VOLUNTEER COMMITMENT

I, _____, am committed to the mission of the Beauty Bus Foundation, to enhance the quality of life for chronically or terminally ill people and their caregivers by bringing beauty into their lives. Beauty Bus provides in-home beauty and grooming services, free of charge, to men, women and children whose illness or condition prevents them from accessing a salon or spa. Beauty Bus strives to empower our clients, help them maintain dignity and give them respite during difficult times.

I am committed to participating in a Beauty Bus Foundation 3-hour training.

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

Beauty Bus Foundation asks:

- **Beauty Professionals and Beauty Buddies to commit to doing one visit a month for at least a 12 month period.**
- **Beauty Bus asks "Bus" Drivers, 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: _____

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APPLICATION CHECKLIST

Beauty Bus cannot process your volunteer application without having a complete application

_____ Completed and Signed Volunteer Application (all 6 pages)

_____ Copy of Valid Automobile Liability Policy or Insurance Card

_____ Two Volunteer Reference Check Forms

BEAUTY PROFESSIONALS ONLY:

_____ Copy of Valid Beauty License

_____ Copy of Malpractice Insurance

Please return completed application to Beauty Bus Foundation

Mail: Attn: Volunteer Coordinator

2716 Ocean Park Blvd., Suite 1062, Santa Monica, CA 90405

Fax: Attn: Volunteer Coordinator 310-392-0907

Email: volunteer@beautybus.org Phone: 310-392-0900