



## VOLUNTEER APPLICATION FORM

Name:

---

Address:

---

City / State / Zip:

---

Email Address:

---

Home Phone:

Bus. Phone:

Cell Phone:

---

When would be the best time to contact you?:

---

**In case of emergency, please contact:**

Name:

---

Address:

---

City / State / Zip:

Phone:

---

**How did you hear about GRIP?**

**Are you a member of one of GRIP's member congregations? If so, which one?**

**Have you ever been or are you currently involved with GRIP? If so, when and in what capacity?**

**Do you have access to a computer?**  Yes  No **Internet?**  Yes  No **Email?**  Yes  No

**What is your current occupation?** Please provide a brief description of your responsibilities.

**Why would you like to volunteer with GRIP?**

**What training or past experiences do you have?**

**Have you ever volunteered before?**  Yes  No **If yes, where, for how long and what did you do?**

**What types of volunteer activities are you interested in? (Check all that apply)**

- Administrative  Advocacy  Building Maintenance  Fundraising  Mentoring  
 Phone Calls  Office Support  Special Events  Child Care  Serving Food  
 Receptionist

**Do you have training or experience in any of the following areas? (Check all that apply)**

- Accounting  Administration  Advertising / PR  Audio / Visual Systems  Bilingual  
 Computer Programming  CPR  First Aid  Food Service  Data Entry  Databases  
 EMT  Entertainment / Musician  Event Coordination  Fundraising  Grant Writing  
 Graphic Design  Facilitation  Human Resources  Internet  Law Enforcement  
 Legal  Librarian  Massage Therapy  Motorcycle  Occupational Therapy  
 Photography / Video  Physical Therapy  Physician  Physician  Radio Communications  
 Receptionist  RN / LVN  Sign Language  Social Work  Spreadsheet Programs  
 Supervision  Teacher / Trainer  Recreation  Therapist / Counseling  Truck Driving

**Do you have access to transportation?**  Yes  No

**What is the frequency with which you plan to volunteer? (Check all that apply)**

- More than once a week     Once a week     Once a month     Once a year     Special Events
- Mon     Tue     Wed     Thu     Fri     Sat     Sun

**What are the best times for you to volunteer?**

- Mornings     Afternoons     Evenings     Weekends     Other (specify time): \_\_\_\_\_

**How would you like us to contact you?**

- I would like to receive information about GRIP via **postal mail**.
- I would like to receive information about GRIP via **email**.

**Please list two (2) business references and one (1) personal reference.**

Name	Address	Phone
Relationship		
Name	Address	Phone
Relationship		
Name	Address	Phone
Relationship		

**Verification Statement:**

I hereby certify that the information provided in this application is true and complete.

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

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