



## VOLUNTEER APPLICATION FORM

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

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

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

Hm Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

What is 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 GRIP 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 did you decide to volunteer with GRIP?**

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

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

**What types of volunteer activities interest you? (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 Program  
 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)*: \_\_\_\_\_

Yes, I would like to receive information about GRIP via postal mail.

Yes, 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

**Verification Statement:**

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

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

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