

**VOLUNTEER APPLICATION**

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

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please check the opportunities you are interested in:**

Soup Kitchen Services: \_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your availability? Lunch 12:00pm-1:30pm or Dinner: 4pm-6pm or Both:**

**This helps us understand your schedule but does not guarantee that time until it is**

**confirmed and scheduled with the Volunteer Coordinator.**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**\_D\_\_\_\_\_ L\_\_\_D\_\_\_ \_\_ D\_\_\_\_ \_\_D\_\_\_\_\_ L\_\_\_D\_\_ L\_\_ D\_\_ L\_\_ D\_\_**

**What kind of commitment are you looking for? Please circle one:**

Weekly Monthly Student-based Temporary

**Are you seeking court-mandated community service hours?:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Emergency Information:**

Friend or Relative to Contact#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide a reference.**

1. Name: Relationship Phone Email

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I certify the information given above is true and complete to the best of my knowledge. I authorize GCN to contact the places and persons listed as references.**

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

**When completed, please return this application Fayola Thomas at** fthomas@gcnssc.org

**Thank you for your generosity.**