

Volunteer Application



Contact Information – PLEASE PRINT!

Name: (Mr./Mrs./Miss/Dr./Rev./Master) _____
Street Address: _____
City/State/Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____ @ _____

Availability: During which hours are you available? Week days Week evenings Weekends

General Interests: Which area you are interested in volunteering? (check only one)

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Phase Coach |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership | <input type="checkbox"/> Marketing/Promotions |
| <input type="checkbox"/> Education | <input type="checkbox"/> Wellness | <input type="checkbox"/> Other (please specify) _____ |

Special Interests: Which area you are interested in volunteering? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Fun Walk | <input type="checkbox"/> Father/Daughter Gala | <input type="checkbox"/> Annual Conference |
| <input type="checkbox"/> Annual Trip | <input type="checkbox"/> Membership Drive | <input type="checkbox"/> Butterfly Café |
| <input type="checkbox"/> Other (please specify) _____ | | |

GLOSS Event/Activities Planning Teams (check only one)

- | | | | | |
|-------------------------------------|---------------------------------|--|------------------------------------|---|
| <input type="checkbox"/> Production | <input type="checkbox"/> Prayer | <input type="checkbox"/> Catering | <input type="checkbox"/> Workshops | <input type="checkbox"/> Marketing/Sponsorships |
| <input type="checkbox"/> Program | <input type="checkbox"/> Awards | <input type="checkbox"/> Souvenir Book | <input type="checkbox"/> Wellness | <input type="checkbox"/> Other: _____ |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work or other activities, including hobbies or sports that would help you help GLOSS.

Previous Volunteer Experience

In Case of Emergency

Name: _____ Relation to you: _____
Street Address: _____
City/State/Zip: _____
Home Phone: _____ Cell Phone: _____
E-mail Address: _____ @ _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature: _____ Date: _____

THANK YOU for your interest in GLOSS!!!