



VOLUNTEER INFO

Date Comp. Training:
Assigned to:
Entered on Mailing List by:
Date Entered:
Background Check:
Notes:

VOLUNTEER APPLICATION (Please Print)

Name: Date:
Full DOB (MM/DD/YY):
Social Security Number:
Second Language (If any):
Spouse (if you would like included on Event Invitations):
Address:
City: State: FL Zip:
Phone # (Home): (Cell): (Work):
Email:
Emergency Contact and Relation: Phone:

I. BACKGROUND

Educational Background:
Are you currently employed? Where?
Previous Volunteer Experience or Skills:

Are you or have you been a client at Girlfriends Guild within the last year? Yes No

II. AVAILABILITY

We prefer the availability to work at least one 4 hour shift each week.
At what times are you interested in volunteering? Hours of Operation are M-F 9-4

Weekdays/AM Weekdays/PM Any Day Weekends Events Only

I am only available on

III. CRIMINAL BACKGROUND RELEASE

I understand that a criminal background must be completed and passed before being accepted as a volunteer and that said information will be kept confidential.

Applicant Signature: Date:



CONFIDENTIALITY AGREEMENT

I agree to protect the confidentiality of Girlfriends Guild clients, volunteers and employees. Information given to me by a client, volunteer or staff member will not be given to any agency or person without the expressed written consent of the person or guardian of the person to which the information pertains. Where it is deemed necessary to give an agency, client or other person the name of any Girlfriends Guild volunteer, I agree to use the first name only. The release of phone numbers or pager numbers should be cleared by the owner of such numbers or the Center Coordinator. General policy is to take a name and phone number and give the message to the intended recipient. I also agree to respect the confidentiality of any agency and its clients I may be working with and agree to follow their established policy and procedures. I agree to abide by all written and oral policies established by Girlfriends Guild.

Signature

Date

Signature of Parent/Guardian if under 18

Date

Please return to:

Girlfriends Guild
PO Box 476
Melbourne, FL 32902



1. How did you hear about Girlfriends Guild?

2. Why do you want to volunteer at Girlfriends Guild?

3. What skills do you have that you could contribute to Girlfriends Guild? (Such as Graphic Design, Web Design, Writing, etc.)

4. What do you hope to gain from your volunteer experience?

5. Please list any relevant experience, work, or coursework (paid/unpaid)?

6. Please use the remaining space to give us more of an idea of who you are and anything else you feel might be important for us to know about you.