



Volunteer Application Form

Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Sex: M F Birthday: _____
 Phone: _____ Email: _____

GAP MINISTRIES is open Mon–Fri 9a–5p **Interests & Skills**

Availability:

	Weekly	Monthly	Seasonal
Monday:		-	
Tuesday:		-	
Wednesday:		-	
Thursday:		-	
Friday:		-	

- Thrift Store
- Prayer Team
- Office Work
- Maintenance
- Data Entry
- Carpentry
- Food Pantry
- Landscape
- Kitchen
- Housekeeping
- Warehouse
- CDL Driver

Please list any other skills or interests you would like to offer that are not listed above:

Do you speak languages other than English? Yes No
If "yes", please list:

Additional Information

Do you have any physical limitations that should be considered in determining your volunteer assignment?
Yes No

Please explain these limitations:

Are you able to lift and carry up to 20lbs? Yes No

Have you ever been convicted of a criminal offense? Yes No
If "yes", please explain:

I understand volunteering with GAP Ministries, I am holding them harmless from injury which might result from my own negligence. I also have insurance that will cover me should such an injury occur.

Signature

Date