



GAP Ministries Celebrating 20 Years of Impact!

Standing in the GAP to provide

HELP for Children

HEALING for Families

HOPE for our Community

Volunteer Application Form

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Sex: M F Birthdate: _____

Phone: _____ Email: _____

GAP Ministries is open Mon – Fri 9a -5p

Availability: Weekly Monthly Seasonal

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____ (WH/TS Only)

Interests & Skills

Thrift Store (TS)

Office Work

Data Entry

Food Pantry

Kitchen

Warehouse (WH)

Prayer Team

Maintenance

Carpentry

Landscaping

Housekeeping

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 (Please list) No _____

Additional Information:

Do you have any physical limitations that should be considered in determining your volunteer assignment?

Yes (Please explain limitations below) No

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

Have you ever been convicted of a criminal offense? Yes (Please explain below) No

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.

I am aware of the GAP Ministries Handbook and have reviewed/read it, and if I have any problems or are aware of any issues at GAP that need to be addressed, I will notify the Volunteer Coordinator immediately.

Signature: _____ Date: _____