



Volunteer Application Form

Name: _____ Date: _____

Address: _____

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

Phone () - _____ Email: _____

Availability:

Weekly Monthly Seasonal

Monday: From _____ am/pm to _____ am/pm

Tuesday: From _____ am/pm to _____ am/pm

Wednesday: From _____ am/pm to _____ am/pm

Thursday: From _____ am/pm to _____ am/pm

Friday: From _____ am/pm to _____ am/pm

Saturday: From _____ am/pm to _____ am/pm

Sunday: From _____ am/pm to _____ am/pm

Interests & Skills:

Special events Food Pantry

Office Work Maintenance

Carpentry Landscape

CDL Driver Prayer Team

Tutoring Housekeeping

Data Entry Kitchen

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 20 pounds? Yes No

Have you ever been convicted of a criminal offense? Yes No

If "yes" please explain:

TO WORK WITH CHILDREN, YOU MUST COMPLETE AN ARIZONA FINGERPRINT BACKGROUND CHECK WHICH INCLUDES A \$69.00 FINGERPRINT APPLICATION, AND TWO REFERENCES.

Reference We May Contact:

Name: _____ Email: _____

Name: _____ Email: _____

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 ____/____/____

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

SIGNATURE _____ DATE ____/____/____