



# Volunteer Application Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Sex:  M  F Birthday: \_\_\_\_\_

Phone ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

<p><b>Availability:</b></p> <p><input type="checkbox"/> Weekly   <input type="checkbox"/> Monthly   <input type="checkbox"/> Seasonal</p> <p><input type="checkbox"/> Monday: From _____ am/pm to _____ am/pm</p> <p><input type="checkbox"/> Tuesday: From _____ am/pm to _____ am/pm</p> <p><input type="checkbox"/> Wednesday: From _____ am/pm to _____ am/pm</p> <p><input type="checkbox"/> Thursday: From _____ am/pm to _____ am/pm</p> <p><input type="checkbox"/> Friday: From _____ am/pm to _____ am/pm</p> <p><input type="checkbox"/> Saturday: From _____ am/pm to _____ am/pm</p> <p><input type="checkbox"/> Sunday: From _____ am/pm to _____ am/pm</p>	<p><b>Interests &amp; Skills:</b></p> <p><input type="checkbox"/> Special events   <input type="checkbox"/> Food Pantry</p> <p><input type="checkbox"/> Office Work   <input type="checkbox"/> Maintenance</p> <p><input type="checkbox"/> Carpentry   <input type="checkbox"/> Landscape</p> <p><input type="checkbox"/> CDL Driver   <input type="checkbox"/> Prayer Team</p> <p><input type="checkbox"/> Tutoring   <input type="checkbox"/> Housekeeping</p> <p><input type="checkbox"/> Data Entry   <input type="checkbox"/> Kitchen</p>
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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 \_\_\_\_/\_\_\_\_/\_\_\_\_