|  |  |
| --- | --- |
|  | Volunteer Application |

## Contact Information

|  |  |
| --- | --- |
| Name: |  |
| Street Address: |  |
| City ST ZIP Code: |  |
| Cell Phone: |   |
| E-Mail Address: |  |
| Employer: |  Work Phone: |
| Organization |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings  | Weekday afternoons Weekday evenings mornings |
| Weekday afternoons | Weekend afternoons Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

|  |
| --- |
| Administration Volunteer Coordination Building maintenance Meal prep |
| Special Events Phone bank Field work Meal serving  |
| Fundraising Data Entry Marketing Finance |
| Special Events Fund Development Presenting/Training Other Area of Interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name: |  |
| Cell Phone: |  Work Phone: |

## Agreement and Signature

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

|  |  |
| --- | --- |
| M \_\_\_\_\_ | F\_\_\_\_\_ |
| Under 25 \_\_\_ | Over 25 \_\_\_ |
| Ethnicity | \_\_\_\_\_\_\_\_\_\_ |

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**🗌** I hereby grant permission to GRIP to take and/or use photographs and/or video of me in publications, news releases, online, and in other communications.

 **Please complete liability portion on reverse side**

###  Thank you for completing this application form and for your interest in volunteering with us.