The Gathering Place- Volunteer Application

Please answer the following questions and our Volunteer Coordinator will reach out with more information about Volunteer Opportunities at The Gathering Place

| Required | |
|--------------------------|--|
| Date * | |
| Example: January 7, 2019 | |
| Full Name * | |
| Phone Number * | |
| Mailing Address * | |
| | |
| | |
| Email Address * | |
| | Date * Example: January 7, 2019 Full Name * Phone Number * Mailing Address * |

| 6. | Reference 1: Full Name, Relationship to You, and Phone Number * |
|-----|--|
| 7. | Reference 2: Full Name, Relationship to You, and Phone Number * |
| 8. | Reference 3: Full Name, Relationship to You, and Phone Number * |
| 9. | Describe experiences or skills, including previous volunteer experience, work history or education that you bring to The Gathering Place * |
| | |
| | |
| 10. | |
| | Mark only one oval. |
| | Yes No |
| 11. | Have you ever been convicted of a sex related or child abuse offense? * |
| | Mark only one oval. |
| | Yes |
| | No |

| _ | |
|---|--|
| W | /hy are you interested in volunteering at The Gathering Place? * |
| _ | |
| Ν | lease indicate your availability and/or preference for a shift(s) M-F 8:15AM-NOOI OON-3:30PM and SAT 8:15AM- NOON * |
| (| lark only one oval. |
| | Monday AM Tuesday AM Wednesday AM |
| (| Monday AM Tuesday AM |
| | Monday AM Tuesday AM Wednesday AM Thursday AM |
| | Monday AM Tuesday AM Wednesday AM Thursday AM Friday AM Saturday AM |

| 15. | Please list an emergency contact, with phone number(s) and identify relationship * | | |
|-----|--|--|--|
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