



VOLUNTEER APPLICATION

Name: _____
Address: _____
City, State, Zip: _____
Employer: _____
Position: _____
Home Telephone: _____
Work Telephone: _____
Cell Phone/Pager: _____
Home e-mail: _____
Work e-mail: _____
Birthday: _____

Please list any previous volunteer experience. (Describe position/work, organization, length of time. Use back if necessary)

Please list three (3) personal references. (Name, telephone number, relationship. Use back if needed)

I am interested in volunteering in the following program(s). (Circle as many as applicable)

- GLCCA (Community Center
NORTHVIEW
PrideFest
Pride Conference
Living Out Loud Youth Program
HelpLine
Fundraising
Memberships
Special Events
Bulk Mailing
Other: _____

I am available to volunteer during the following times. (Please check appropriate boxes)

Mon	Tues	Wed	Thu	Fri	Sat	Sun

Please specify any special accommodation needed:

Emergency Contact

Name: _____
Relationship: _____
Home telephone: _____
Work telephone: _____
If the above contact is not available, my doctor is:

Hospital: _____
Doctor's telephone: _____

I have completed this volunteer application to the best of my knowledge, and I understand and agree to the following:

1. As part of the volunteer staff of Identity, I will not discriminate against any person because of race, religion, national origin, age, gender, sexual orientations, marital status, or mental and physical ability.
2. I understand that Identity/GLCCA is a drug, alcohol, and smoke-free work place, and I will adhere to such policies.
3. Use of my vehicle for any Identity/GLCCA activity is at my own risk.
4. Identity does not insure volunteers in any manner (including Worker's Compensation).

Signature: _____

Date: _____