



Volunteer Information

Contact Information			
Name			
Street Address			
City ST ZIP Code			
Home Phone		Work	Cell
E-Mail Address			
Date of Birth		Start Date	
Availability When are you available for volunteer assignments?			
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekday evenings	
Interests Please tell us in which areas you are interested in volunteering.			
<input type="checkbox"/> Administration		<input type="checkbox"/> Fundraising	
<input type="checkbox"/> Events		<input type="checkbox"/> Professional	
Special Skills or Qualifications Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.			
Previous Volunteer Experience Please summarize your previous volunteer experience.			
Person to Notify in Case of Emergency			
Name			
Street Address			
City ST ZIP Code			
Home Phone		Work Phone	
E-Mail Address			
Agreement and Signature			
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.			
Name (printed)			
Signature		Date	
Our Policy			
It is the policy of Goochland Free Clinic & Family Services to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.			
Thank you for completing this application form and for your interest in volunteering with us.			