

Gifford Youth Achievement Center

Volunteer Application

Contact Information

Name _____
(First) (MI) (Last) (Maiden)

Address _____
(Residence) (City) (State) (Zip code)

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

Date of Birth _____ **(Required for background screenings)**
(Month, Day, Year)

Social Security Number _____ **(Required for background screenings)**

Driver's License Number _____

Emergency Contact

Name _____
(First) (Last)

Address _____
(Residence) (City) (State) (Zip Code)

Home Number _____ Cell Number _____ Work Number _____

E-Mail Address _____

Interests

Tell us in which areas you are interested in volunteering

- | | |
|--|---|
| <input type="checkbox"/> Classrooms | <input type="checkbox"/> GYAC Presentations (out of facility) |
| <input type="checkbox"/> Reading Tutor | <input type="checkbox"/> Clerical Assistance |
| <input type="checkbox"/> Math Tutor | <input type="checkbox"/> Field Trips / Chaperones |
| <input type="checkbox"/> Science Tutor | <input type="checkbox"/> In-house Presentations |
| <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Bi-Lingual Personnel |
| <input type="checkbox"/> One-on-One Mentor | <input type="checkbox"/> Music Tutors |
| <input type="checkbox"/> Group Mentor | <input type="checkbox"/> Fundraiser / Marketing |
| <input type="checkbox"/> Garden Group | <input type="checkbox"/> Office Assistance |
| <input type="checkbox"/> Assist with Volunteer Recruitment | <input type="checkbox"/> Assist with Senior Citizen Program |

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekday afternoons
- Weekday evenings

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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. **A BACKGROUND CHECK IS MADE ON ALL APPLICANTS.**

Have you ever been charged and/or convicted of a crime? [] Yes [] No If yes, what was the charge(s) and the disposition of the charge(s): _____

I understand that any information I learn about the child and family is confidential and cannot be revealed or discussed with anyone without permission.

Name (printed) _____

Signature _____

Date _____

We Appreciate You

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

Office Use Only:

Application Approved: _____ Yes _____ No

Signature: _____ Date: _____