

Volunteer Application

Name (first, middle and last) _____

Home Address _____

City _____ State _____ Zip _____

Phone Numbers _____
please include area codes cell home work

Preferred contact (please circle): cell home work Best time to call: _____

Male () Female () Email _____

Date of Birth _____ Driver's License Number _____ (needed for background check)

High School _____ Years Attended _____

College _____ Years Attended _____

Employer/Past Employer _____

Position _____

Work Address _____

City _____ State _____ Zip _____

Why are you interested in volunteering at The Gathering Place/Memory Matters?

How did you hear about The Gathering Place/Memory Matters?

() Asked by Someone () Church Newsletter () TGP event () Newspaper () Volunteer Center
() Other _____

I would like to be considered for the following volunteer opportunities:

() Direct Participant Contact () Kitchen () Office Help () Exercise
() Grant Writing () Art Projects () Craft Projects () Special Events

Have you volunteered for other organizations? ____ Yes ____ No

(If you checked yes, please continue below)

Organization Name: _____

Describe volunteer service below:

Organization Name: _____

Describe volunteer service below:

Please describe any work experience you think might be relevant to our program:

Do you have any hobbies or special talents?

Please list 2 references:

Name	Relationship	Time known	Phone number
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_____	_____	_____	_____
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I understand that all information will be kept confidential.

Your Signature

Date