



# GCA Adult Volunteer Application Form

Name \_\_\_\_\_ Date \_\_\_\_\_  
(last) (first) (middle)

Address \_\_\_\_\_

City: \_\_\_\_\_ State: KY Zip: \_\_\_\_\_

Cell phone \_\_\_\_\_ Text: yes or no

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email \_\_\_\_\_

DOB \_\_\_\_\_  
Month/Day

I am currently serving in the following areas and/or I am interested in serving in the following areas:

- |   |  |
|---|--|
| <input type="checkbox"/> VITA (Volunteer Income Tax Assistance) | <input type="checkbox"/> Food Pantry Advisor |
| <input type="checkbox"/> Art in the Park                        | <input type="checkbox"/> Food Pantry Bagger  |
| <input type="checkbox"/> Empty Bowls                            | <input type="checkbox"/> Food Pantry Greeter |
| <input type="checkbox"/> Ducking Hunger                         | Other _____                                  |

When volunteering:

- I will sign up when it is convenient for my schedule.  
 I am willing to be on call if needed.

In case of emergency contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that I have access to confidential information obtained through direct personal contacts with recipients of our services or through computer and/or file records maintained in the GCA offices. I understand that all such personal information must not be used for any unauthorized purpose nor divulged to anyone (including family and friends). Additionally, I understand that GCA Staff supervises work release inmates through an agreement with Grayson County Detention Center and agree to abide by regulations regarding this partnership. I agree to abide by the guidelines set forth by GCA for all volunteers. Further, I give my permission for GCA to use my image in promotional materials for furthering GCA's mission.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Work Experience/Volunteer Experience/Hobbies/Skills/Special Interests

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